



YOUR LIFE
YOUR CARE
YOUR PEOPLE

Public Partnerships LLC

PO Box 310, Binghamton, NY 13902

Fax: 1-833-951-0828

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Dear _____,

Congratulations! We are happy to offer you a Personal Assistant job with Public Partnerships LLC (PPL).

You will be working for _____.

PPL is located at **17 Plaza Drive, Latham, NY 12110**. PPL's phone number is **1-833-247-5346**.

Position Title: Personal Assistant (PA) in the New York Consumer Directed Personal Assistance Program (CDPAP).

Hourly Rate: \$20.10. You will be paid by the hour.

Your hourly rate may increase based on your consumer's service authorization, your collective bargaining agreement, if any, or other factors.

Overtime Rate: \$30.15.

Pay Schedule: Payroll will take place on a weekly basis, with applicable payroll deductions, taxes, and withholdings applied. Your payday will be on **Thursday**.

Benefits: If you are covered by a Collective Bargaining Agreement (CBA), please refer to the CBA for a description of your benefits. If you are not covered by a CBA, you will have the following benefits:

- **Retirement:** You will be eligible to enroll in PPL's 401(k) plan on the 1st of the month after you have completed 30 days of employment with PPL.
- **Professional Development:** You will receive up to 4 professional development hours from PPL at no cost to you. You will be paid for the time spent on your professional development at the state minimum wage rate.
- **Other Benefits:** Social Security Benefits, New York State Unemployment Compensation, Workers' Compensation, New York State Disability Insurance, and Paid Family Leave benefits, as allowed by applicable law.
- **Supplemental Benefits ("Wage Parity"):** Because you work in New York City, you are entitled to these supplemental benefits worth a total of **\$1.54/hr** or more:



- **Paid Time Off (PTO)** (worth **\$0.67** per hour): You will earn 1 hour of PTO for every 30 hours worked, up to 56 hours each year. You will be allowed to carry over any unused PTO from one year to the next. We will provide you with PPL's PTO policy for more details.
- **MEC/Flex Plan** (worth **\$0.87** per hour): After you begin work, you will automatically be enrolled in the PPL MEC/Flex plan. The MEC/Flex plan consists of the PPL Minimum Essentials Coverage, Preventive Plan (MEC Plan) which is a health insurance plan, and the PPL Flexible Benefit Plan (Flex Card), which is a benefits card plan. PPL is providing the MEC/Flex plan through:

Leading Edge Advantage LLC d/b/a Omni Advantage
4631 Woodland Corporate Blvd, STE 310
Tampa, FL 33614-2441

The MEC/Flex plan is offered at no cost to you.

You can use your Flex card in many different ways. We will provide you with more information about the MEC/Flex Plan and your Flex card in a separate letter.

In addition, if you earn more than 56 hours of PTO in any year, the extra **\$0.67/hr** will be added to your Flex Card.

- **Voluntary Enhanced Health Insurance Plan** [Available to full time employees only as a replacement of the MEC/Flex Plan] (worth more than **\$0.87/hr**): If you are a full time employee (which means that you work more than 130 hours per month) you will be eligible to enroll in PPL's Minimum Value Plan (MV Plan). This plan provides enhanced health care coverage as compared to the MEC/Flex Plan described above. PPL is providing the MV plan through:

Leading Edge Advantage LLC d/b/a Omni Advantage
4631 Woodland Corporate Blvd, STE 310
Tampa, FL 33614-2441

PPL will contribute to the plan premium in an amount equal to **\$0.87** per hour, or more. You will also be required to contribute to the plan premium. We will provide you with more information about this cost as well as the enhanced coverage in a separate detailed letter.

If you choose this plan, it will take the place of the MEC/Flex Plan, and you will not have the benefits described in the MEC/Flex section above. However, if you already have received a Flex Card, you may continue to use it until the money runs out.

- You can obtain copies of all the above benefit plan documents by writing to PPL at the following address: 17 Plaza Drive, Latham, NY 12110.

Before you can start your employment with PPL, you will need to provide us with proof of your legal right to work in the United States. You must also complete all required registration paperwork as instructed by PPL.

Finally, please note that your employment with PPL is "at-will," which means that either you, the person you work for, or PPL may end your employment at any time and for any reason.

Please sign the Employee Acknowledgement on the next page to accept our offer of employment. We're thrilled to have you joining the team!



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Employee Acknowledgement

On this date, I have been notified of my pay rate, overtime rate, benefits and designated payday. I told my employer what my primary language is.

Check one:

- I have been given this pay notice in **English** because it is my primary language.

- My primary language is _____. I have been given this pay notice in English because it is not yet offered in my primary language.*

* This form is available in the following eight languages: Spanish, Russian, Polish, Korean, Italian, Haitian-Creole, Chinese, Bengali. If you would like a translated version of this form, please call customer service at **1-833-247-5346**.

Signature/Acceptance of Offer

Printed Name

Acceptance Date