NYS-APP-3 #20-115 (3/2023 L)

www.cs.ny.gov

APPLICATION FOR NYS EXAMINATIONS OPEN TO THE PUBLIC

Send your completed and signed application(s) to the agency where you

wish to wor	k. See the exam annou	incement for the	e mailing addres	SS.
20-115	Associate Actuary	(Life) - Dept.	of Financial S	Services
20-116	Associate Actuary (Life) - Office of the State Comptroller			
20-117	Associate Actuary (Life)-Teachers' Retirement System			
20-120	Principal Actuary (Life) - Dept. of Financial Services			
20-121	Principal Actuary (Life) - Office of the State Comptroller			
20-122	Principal Actuary	(Life) -Teache	rs' Retiremen	t System
20-139	Principal Actuary	(Life) - State	Insurance Fun	nd
20-125	Supervising Actua	ry (Life)-Dept	. of Financial	Services
20-126	Supervising Actuary (Life) - Office of the State Comptroller			
20-190	Supervising Actua	ary (Life) - Sta	ate Insurance	Fund
Last Name		First Name		MI
Mailing Address: No., Street, Apt., or P.O. Box				
City or Post Office State Zip Code				
Email Addr	ess			
Social Security Number				
Home Phone		Day Phone		-

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

Day Phone

The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law (PPPL), particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Human Resources Office of the agency where you submit your application. For further information, relating only to the PPPL, call (518) 457-9375. For information on this examination, call the agency where you send your application.

EXTRA CREDITS FOR WAR TIME VETERANS

DO NOT COMPLETE THIS SECTION UNLESS YOU: Wish to claim War Time Veterans Credits, AND have not used DISABLED veterans credits for a permanent appointment to a position in New York State or Local Government.

Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer "YES" to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer "YES" to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering "YES" to BOTH questions 5a AND 5b in this section. NOTE: All veterans claiming extra credit will be required to produce eligibility documentation which will be verified at time of interview. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one's reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment as provided by the New York State Constitution.

- Do you expect to receive or have you already received a discharge which was honorable or release under honorable circumstances from 1. Yes the Armed Forces of the United States; or have you applied to or been approved by the New York State Department of Veterans' Services as a veteran pursuant to the Restoration of Honor Act? The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.
- Are you now serving, or have you served, on an active duty basis other than active duty for training purposes during one or more of the 2. Yes following Time of War periods?

In the Armed Forces: or earned the Armed Forces, Navy, or Marine or in the U.S. Public Health Service: • Aug. 2, 1990 until the

- June 26, 1950 to July 3, 1952 Corps expeditionary medal for service in: • July 29, 1945 to Sept. 2, 1945
- (Panama) Dec. 20, 1989 to Jan. 31, 1990 • (Lebanon) June 1, 1983 to Dec. 1, 1987
- (Grenada) Oct. 23, 1983 to Nov. 21, 1983
- 3. Yes No Are you a United States citizen or an alien lawfully admitted for permanent residence?

Persian Gulf hostilities end • Feb. 28, 1961 to May 7, 1975

• June 27, 1950 to Jan. 31, 1955

• Dec. 7, 1941 to Dec. 31, 1946

- Yes Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must No have been incurred during a Time of War period listed above.
- Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local 5a. Yes No Government? If you answered "Yes" to "5a" above, you must answer "5b":
- 5b. Yes No After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran: You will be required to provide proof of current New York State residency at time of appointment.

ELIGIBILITY FOR EMPLOYMENT

You must be legally eligible to work in the United States at time of appointment and throughout your employment with New York State. If appointed, you must produce documents that establish your identity and eligibility to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986, and the Immigration and Nationality Act.

affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X		
Signature of Applicant	Date	Dlease print any other last name by which you are or have been know

It is the policy of the State of New York to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment without unlawful discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, veteran or military service member status, marital status, domestic violence victim status, genetic predisposition or carrier status, arrest and/or criminal conviction record, or any other category protected by law, unless based upon a bona fide occupational qualification or other exception.

It is the policy of New York State Department of Civil Service to provide qualified persons with disabilities equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodations for religious observance.

SUPPLEMENTAL QUESTIONNAIRE PAGE 1

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ASSOCIATE ACTUARY (Life)
PRINCIPAL ACTUARY (Life)
SUPERVISING ACTUARY (Life)

There are no application fees for these examinations.

This is an education and experience examination. Your rating will be based solely upon a review of your responses to this supplement. All information provided is subject to verification. THIS IS YOUR TEST.

INSTRUCTIONS

- 1. Please print clearly in ink.
- 2. Answer all questions on this application form NYS-APP-3 #20-115 and SUPP #20-115 completely and accurately. Incomplete information may result in a lower score or disqualification. Retain a copy of the completed form for your records.
- 3. This questionnaire will be the only basis for rating your education and experience. You may submit your resume in addition to this application, but you **must** still complete all parts of the application without reference to the resume.
- 4. Your degree and/or college credits must have been awarded from a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency and a course-by-course evaluation. You can write to the address below for a list of acceptable companies who provide this service or this information can be found on the Internet at: http://www.cs.ny.gov/jobseeker/degrees.cfm. You must pay the required evaluation fee.

You must mail separate completed application/supplemental questionnaire to one or more of the following:

For Exam Number 20-190: For Exam Numbers 20-117 For Exam Numbers 20-115, For Exam Numbers 20-116, 20-120 and/or 20-125: 20-121 and/or 20-126: and/or 20-123: NYS Department of Financial Services NYS Office of the State Comptroller NYS Teachers' Retirement System NYS Insurance Fund One Commerce Plaza PO Box 66699 Office of Human Resources Human Resources - Exam Human Resource Management 110 State Street Albany, NY 12206 10 Corporate Woods Drive Suite 301 Albany, New York 12236 (518) 437-3504 Albany, NY 12211-2395 Albany, New York 12257 (518) 474-1924 hr@nysif.com (518) 447-2906 (518) 474-2994 recruit@ocs.state.ny.us

- human-resources@dfs.ny.gov
 - 5. Retest Policy You may reapply for these examinations after 12 months. A new application/supplemental questionnaire and transcripts must be submitted.
 - 6. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.

BEGIN YOUR TEST:

I. ACADEMIC RECORD

A. Indicate any degrees received or expected to be received. <u>Failure to provide complete information below will result in</u> disqualification.

College, University, Professional or Technical Schools	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	Deg Expe	
Name					Yes No	MO.	YR.
Address (City, State)							
Name					Yes No	MO.	YR.
Address (City, State)	_		•			•	

SUPPLEMENTAL QUESTIONNAIRE PAGE 2

SOCIAL SECURITY NUMBER	

CONTINUOUS RECRUITMENT EXAMINATIONS ASSOCIATE ACTUARY (Life) PRINCIPAL ACTUARY (Life) SUPERVISING ACTUARY (Life)

There are no application fees for these examinations.

II. TRAINING

1. Indicate any Society of Actuaries examinations completed. Please fill out the chart below and attach a transcript verifying

test results will not be accepted.	
Exam Information	Date Completed
 Indicate Society of Actuaries non-exam coursework or n this coursework to your application. Failure to provide c 	nodules completed. Fill out the chart below and attach transcript verifying
	omplete information below may result in a lower score.
Coursework or Module Information	Date Completed
Coursework or Module Information	·
	Date Completed chart below and attach a transcript verifying your enrollment to your
3. Indicate if you are an Enrolled Actuary. Fill out the	Date Completed chart below and attach a transcript verifying your enrollment to your

SUPPLEMENTAL QUESTIONNAIRE PAGE 3

SOCIAL SECURITY NUMBER	

CONTINUOUS RECRUITMENT EXAMINATIONS
ASSOCIATE ACTUARY (Life)
PRINCIPAL ACTUARY (Life)
SUPERVISING ACTUARY (Life)

There are no application fees for these examinations.

III. DESCRIBE YOUR EXPERIENCE:

- 1. Indicate professional actuarial experience in one or more of the following activities:
 - a. actuarial or statistical work for operating units or management;
 - b. governmental regulatory actuarial functions;
 - c. governmental or private pension actuarial functions; or
 - d. performing actuarial computations for reserves, premium rates, and/or policy forms.

Failure to provide complete information below will result in disqualification.

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LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY AND STATE
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YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR	4		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
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analyzing: asset adequacy	/ analyses; reinsurance; valı	nation of liabilities; agent compensation plan	ns; pricing; mortality/morbidity
studies; claim trend analy	sis; and/or managed care pro	oducts. Failure to provide complete informati	ion below may result in a lower
score.	, ,	1 1	ž
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NAME OF YOUR SUPERVISOR	_		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER	7		
LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY AND STATE
MO. YR. MO. YR.			
FROM TO			
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NAME OF VOLD CUDEDVICOR	\dashv		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER	7		

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FROM

LENGTH OF EMPLOYMENT

YOUR EXACT TITLE

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SUPPLEMENTAL QUESTIONNAIRE PAGE 4

SOCIAL SECURITY NUMBER	

CITY AND STATE

CONTINUOUS RECRUITMENT EXAMINATIONS ASSOCIATE ACTUARY (Life) PRINCIPAL ACTUARY (Life) SUPERVISING ACTUARY (Life)

FIRM NAME

DUTIES:

There are no application fees for these examination.

3. Indicate professional actuarial experience working with life insurance policies and annuities independently producing and/or analyzing: asset adequacy analyses; reinsurance; valuation of liabilities; pricing; and/or agent compensation plans. Failure to provide complete information below may result in a lower score.

ADDRESS

NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
USE ADDI	TIONAL 8 1/2 X 11 SHEE	TS IF NECESSARY TO COMPLETE INFORMA	ATION
valuations; experience st GASB/FASB requirement	tudies; gain and loss; s. Failure to provide con	ing with a qualified or private pension plan actuarial assumptions; actuarial equivalence inplete information below may result in a lower s	e; plan qualification; and/or score.
LENGTH OF EMPLOYMENT MO. YR. MO. YR.	FIRM NAME	ADDRESS	CITY AND STATE
FROM TO YOUR EXACT TITLE	DUTIES:		
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NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM	FIRM NAME	ADDRESS	CITY AND STATE
YOUR EXACT TITLE	DUTIES:		
NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			

USE ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY TO COMPLETE INFORMATION

Date: _

LENGTH OF EMPLOYMENT

SUPPLEMENTAL QUESTIONNAIRE PAGE 5

SOCIAL SECURITY NUMBER	

CITY AND STATE

CONTINUOUS RECRUITMENT EXAMINATIONS
ASSOCIATE ACTUARY (Life)
PRINCIPAL ACTUARY (Life)
SUPERVISING ACTUARY (Life)

FIRM NAME

There are no application fees for these examination.

5. Indicate professional actuarial experience with responsibility for the supervision and/or administration of professional actuarial staff. Failure to provide complete information below may result in a lower score.

ADDRESS

FROM TO	
YOUR EXACT TITLE	DUTIES:
NAME OF YOUR SUPERVISOR	
TELEPHONE NUMBER	
USE ADDIT	ΓΙΟΝΑL 8 ½ X 11 SHEETS IF NECESSARY TO COMPLETE INFORMATION
ADDITIONAL EX	AMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a
	refighter, police officer, emergency medical technician, or paramedic who was killed in the line of duty
The state of the s	you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For the Department of Civil Service at (518) 473-8906.
Turther information, please contact	the Department of Civil Service at (516) 475-6700.
	ADDITIONAL QUESTIONS
If you answer YES to any of these qu	uestions, please provide an explanation in the REMARKS section provided below:
1. Yes No Were you eve	er discharged from any employment except for lack of work, funds, disability or medical condition?
2. Yes No Did you ever	resign from any employment rather than face a dismissal?
REMARKS:	
THIS AFFIRMATION MUST BE	E COMPLETED
I affirm under penalties of perjury th	at all statements made on this supplemental questionnaire (including any attached papers) are true and
verification and that a material missta affirm that I have completed this form	nents made by me in connection with this supplemental questionnaire are subject to investigation and atement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I also in independently and without assistance from other candidates or employees of the NYS Department of nancial Services, NYS Office of the State Comptroller, and/or NYS Teachers' Retirement System.
7. ·	
Signature:	