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TO: New York State Health Benefits Administrators, Health Benefits Administrators of Participating Agencies, Health Benefits Administrators of Participating Employers

FROM: Employee Benefits Division

SUBJECT:Imaging of Correspondence

DATE: December 17, 2001

The Employee Benefits Division has implemented a new imaging system, which electronically stores all correspondence received from enrollees and health benefits administrators. Correspondence is scanned into the computer system, then routed electronically to the appropriate unit. Any action taken as a result of the correspondence is also being documented electronically.

The imaging system will allow the Division to more efficiently respond to your correspondence and allows for easy retrieval of documents. In order to use this system at its optimum capacity, we request that correspondence sent to the Division conform to the following standards:

- Use only white paper
- Include enrollee name and social security number
- Include only one enrollee name and social security number per document
- Include your agency code and name

It is important that only one enrollee name and social security number be reported for each document. **We cannot image information that contains multiple enrollee information for security and privacy protection.** Below is a suggested format to follow at the top of each piece of correspondence. We encourage you to set up a template in order to standardize the reporting of this information to EBD.

Agency Name Agency Code	Enrollee Name: Enrollee Social Security Number:
Agency Address & Phone	Date:

Faxing or e-mailing your correspondence will result in processing your request more efficiently. Please e-mail your processor directly, or

FAX CORRESPONDENCE AND DOCUMENTS TO: (518) 485-5590

If you have any questions, please contact your processor.

