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STATE OF NEW YORK  
**DEPARTMENT OF CIVIL SERVICE**  
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NANCY G. GROENWEGEN  
COMMISSIONER

PA 10-29  
PA-EX 10-25

**TO:** Participating Agency Chief Executive Officers and  
Health Benefits Administrators

**FROM:** Robert W. DuBois, Director of the Employee Benefits Division

**SUBJECT:** NYSHIP Coverage for Volunteer Firefighters and Ambulance Workers

**DATE:** September 1, 2010

### **Statutory Authority**

Chapter 71 of the Laws of 2010 amended Section 163 of Article 11 of Civil Service Law to extend NYSHIP eligibility to include “active members of volunteer fire and volunteer ambulance companies serving one or more municipal corporations pursuant to subdivision seven of section ninety-two-a of the general municipal law.”

Section 92-a of the general municipal law was amended to “permit a public corporation to provide coverage for volunteer firefighters, as defined in section three of the volunteer firefighters’ benefit law, and volunteer ambulance workers, as defined in subdivision one of section three of the volunteer ambulance workers’ benefit law, provided however, that the total cost of participation by such volunteers and their families shall be borne by such volunteers.”

Section 3 of the volunteer firefighters’ benefit law defines a volunteer fireman as “an active volunteer member of a fire company.” Subdivision 1 of Section 3 of the volunteer ambulance workers’ benefit law defines a volunteer ambulance worker as “an active volunteer member of an ambulance company as specified on a list regularly maintained by that company.”

### **Extension of Coverage and Administrative Responsibilities**

A Participating Agency is permitted, but not required, to provide coverage to volunteer firefighters and ambulance workers serving one or more municipal corporations. Agencies that elect to provide such coverage must provide the Employee Benefits Division with a signed and completed copy of the attached, *Notice of Election to Extend NYSHIP Coverage to Volunteer Firefighters and/or Ambulance Workers*.

Volunteer firefighters and ambulance workers are now considered eligible groups and, as with all other eligible groups/categories of employees, are subject to the rules and regulations of NYSHIP.

Agencies that elect to extend coverage to volunteer firefighters and/or ambulance workers are responsible for the administration of those benefits. These responsibilities include, but are not limited to:

- Ensuring eligible volunteers are properly informed of the benefits and availability of NYSHIP;
- Verifying eligibility of volunteers for enrollment in NYSHIP;
- Enrolling eligible volunteers in NYSHIP;
- Billing eligible volunteers for NYSHIP coverage and transmitting premium payments to the Department of Civil Service timely on a monthly basis (the cost of coverage for eligible volunteers will be included on your agency's monthly bill);
- Maintaining up-to-date enrollment records; and
- Providing assistance to enrollees who have problems with claims or other aspects of their coverage.

### **Eligibility for Coverage**

A volunteer firefighter requesting enrollment in NYSHIP must provide the Participating Agency Health Benefits Administrator with written documentation that he/she is an active member of a volunteer fire company. A volunteer ambulance worker requesting enrollment in NYSHIP must provide the Participating Agency Health Benefits Administrator with written documentation that he/she is an active volunteer member of an ambulance company as specified on a list regularly maintained by that company. The legislation that extends eligibility to volunteer firefighters and ambulance workers does not provide authority for the inclusion of retired or honorary members. Coverage may only be provided to active volunteers.

Volunteers requesting coverage for dependents must provide documentation to establish current eligibility prior to enrollment in NYSHIP. For acceptable documentation see *Policy Memo #139*, issued June 22, 2010.

### **Payment of Premium**

Eligible volunteers are required to pay the entire cost of participation (full-share) directly to the Participating Agency that provides their NYSHIP coverage. If an eligible volunteer does not remit payment timely, a Participating Agency may provide a 30-day grace period prior to cancellation for non-payment. If coverage is cancelled for non-payment, coverage must be terminated on the last day of the month for which payment had been received. In the event of cancellation for non-payment, a Participating Agency should provide the enrollee with a Notice of Cancellation indicating the date at which coverage ended. If an eligible volunteer previously cancelled for non-payment wishes to reenroll in NYSHIP, they may be subject to a waiting period (See Section 2.7 of the *Manual for Participating Agencies*).

### **Loss of Eligibility**

If a volunteer firefighter or ambulance worker is no longer in active status, their NYSHIP coverage must be terminated on the last day of the month in which they were still active. The termination of coverage for a volunteer is not considered a qualifying event for the purposes of eligibility for COBRA continuation coverage.



State of New York  
 Department of Civil Service  
 Alfred E. Smith State Office Bldg.  
 Albany, NY 12239

EMPLOYEE BENEFITS DIVISION

**Notice of Election to Extend NYSHIP Coverage to  
 Volunteer Firefighters and/or Ambulance Workers**

The \_\_\_\_\_, as a Participating Agency in the  
Name of Agency  
 New York State Health Insurance Program, does hereby notify the Employee Benefits Division that it has  
 elected to extend coverage to active volunteer firefighters and/or active volunteer ambulance workers  
 pursuant to Subdivision 7 of Section 92-a of the General Municipal Law and Subdivision 2 of Section 163 of  
 the Civil Service Law. We agree to provide all administrative functions related to this extension of coverage.

This extension of coverage is effective \_\_\_\_\_.  
Date

Coverage will be extended to the following volunteer fire and/or ambulance companies (please list):

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\_\_\_\_\_  
 Agency CEO's Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Agency Code

\_\_\_\_\_  
 Date