



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):

 Agency CEO's Signature

 Print Name

 Title

 Agency Code

 Date