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GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH STATE OFFICE BUILDING
ALBANY, NEW YORK 12239
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NANCY G. GROENWEGEN
COMMISSIONER

PE 10-20
PA 10-20
PAEX 10-16

MEMORANDUM

TO: Participating Employer and Participating Agency Chief Executive Officers
FROM: Employee Benefits Division
SUBJECT: Agency E-mail Addresses and Contact Information
DATE: June 28, 2010

To help communicate program developments more quickly and efficiently, the Employee Benefits Division is in the process of compiling a list of current e-mail addresses and contact information for Participating Employers and Participating Agencies. Attached is a form requesting key information for your agency. Please complete this form and return it to our office by July 12, 2010. **Please complete this form even if there have been no changes to your agency contact information.**

From the information provided, we will establish three e-mail lists: Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Health Benefits Administrator (HBA). These lists will allow us to communicate important information to your agency more timely and efficiently. The ability for us to communicate in such a manner has the potential to be advantageous to both agencies and to NYSHIP.

If possible, we request that you provide e-mail addresses which are title-specific, such as CEO@agency.gov or HBA@agency.gov. Providing title-specific e-mail addresses will reduce the need for updates to agency contact information in the future. However, we recognize that this may not be possible or desirable from the standpoint of workflow at your agency. If you choose to provide employee-specific e-mail addresses we ask that you advise our office of changes in personnel or contact information in a timely manner. If this information is not updated you may not receive important information as quickly as possible.

Please complete the form in its entirety and return to:

**NYS Department of Civil Service
Employee Benefits Division
Public Employer Liaison Unit – Rm. 641
Alfred E. Smith State Office Building
Albany, NY 12239**

You may also e-mail your completed form to: nyship@cs.state.ny.us or fax it to (518) 402-2835. If you have any questions regarding this memo or the attached form please contact Caitlin McWatters of the Public Employer Liaison Unit at (518) 473-3370.

Attachment

cc: Health Benefit Administrators



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

EMPLOYEE BENEFITS DIVISION
Agency Contact Information Form

*Please complete this form in its entirety to ensure your agency receives
important information related to your NYSHIP participation.*

General Agency Information

Agency Code: _____ Agency Name: _____

Address: _____

Phone (with extension): _____ Fax: _____

General E-mail: _____

Chief Executive Officer (CEO) Information (or the individual who works in a similar capacity)

Name: _____ Title: _____

Phone (with extension): _____ Fax: _____

E-mail: _____

Chief Financial Officer (CFO) Information (or the individual who works in a similar capacity)

Name: _____ Title: _____

Phone (with extension): _____ Fax: _____

E-mail: _____

Health Benefits Administrator (HBA) Information (or the individual who works in a similar capacity)

Name: _____ Title: _____

Phone (with extension): _____ Fax: _____

E-mail: _____

Please return this completed form no later than **July 12, 2010** to:

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Employee Benefits Division
Public Employer Liaison Unit – Rm. 641
Alfred E. Smith State Office Building
Albany, NY 12239

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