Manual for Participating Agencies

Comments and Recommendations

If you have any comments, recommendations, or corrections to the *Manual*, please write them below or attach your comments to this page and fax it to: (518) 474-3744

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This recommendation is related to Section: _____

My contact information is:

Name:_____

Title:_____

Agency Name and Code:_____

Phone Number:_____

E-Mail:_____

On behalf of the Employee Benefits Division at the New York State Department of Civil Service, we thank you for your time.