NEW YORK STATE OF OPPORTUNITY. | Department of Civil Service

CONTINUOUS RECRUITMENT
OPEN-COMPETITIVE EXAMINATION

APPLICATIONS ACCEPTED CONTINUOUSLY TESTS HELD PERIODICALLY

SENIOR ACTUARY (CASUALTY)

Examination No. & Title	Salary Grade	Beginning Salary	Job Rate
20-108 NYS Department of Financial Services	**19**	**$56,229**	**$71,412**
20-109 NYS Insurance Fund	**19**	**$56,229**	**$71,412**

NO APPLICATION PROCESSING FEE REQUIRED

Appointees who work in the five boroughs of New York City or in Nassau, Suffolk, Rockland, or Westchester Counties will receive an additional $3,026 annual downstate adjustment.

MINIMUM QUALIFICATIONS: On or before the date of filing your application, you must have all of the following:

- A bachelor's degree or higher including or supplemented by 24 semester credit hours in mathematics, statistics, and/or actuarial science; **AND**
- Successful completion of one examination of the Casualty Actuarial Society; **AND**
  One year of actuarial experience.

NOTES:

1. Transcripts from the Casualty Actuarial Society MUST be converted to the most current system. For information contact: **Casualty Actuarial Society**, Tom Downey, (703) 276-3100, mrc@casact.org, 4350 N. Fairfax Drive, Suite 250, Arlington, VA 22203, www.casact.org. Preliminary test results will not be accepted.
2. Your degree or college credit must have been awarded by a regionally accredited college or university or one recognized by the NYS Education Department as following acceptable educational practices. If your degree or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency. You can write to the Examination Information Desk of the NYS Department of Civil Service for a list of acceptable companies who provide this service. This information can also be found on the Internet at http://www.cs.ny.gov/jobseeker/degrees.cfm. You must pay the required evaluation fee.
3. New York State residence is not required.
4. Appropriate part-time, internship, and volunteer experience, which can be verified, will be accepted on a prorated basis.
5. Experience limited to teaching actuarial courses is NOT qualifying experience.

THE POSITIONS: These positions exist in the NYS Insurance Fund in Albany and New York City and the NYS Department of Financial Services in New York City only.

DUTIES: As a **Senior Actuary (Casualty)** in the **NYS Department of Financial Services**, you would obtain and verify historical data, maintain databases, assist higher-level actuaries in preparing basic actuarial exhibits used to evaluate property/casualty reserves, and assist with the review of regulatory documents. You would assist higher-level actuaries in the analysis of rate filing submissions and the evaluation of market monitoring data.

As a **Senior Actuary (Casualty)** in the **NYS Insurance Fund**, you would supervise a unit concerned with one or more of the following functions: prospective and/or retrospective experience rating, reserving of temporary benefits or lifetime pensions awarded to claimants, preparation of reports analyzing the Fund's workers' compensation and disability lines of insurance, preparing Safety Group accountings, and assisting higher-level actuaries with research projects.

SUBJECT OF EXAMINATION: The examination requires completion of an application/supplemental questionnaire (Forms NYS-APP-3 #20-101 with SUPP#20-101). **There will be no written test. The application/supplemental questionnaire is the test.** Your completed application/supplemental questionnaire will be the only basis for rating your training, education, and experience.

Failure to complete the application/supplemental questionnaire correctly may result in disqualification. If disqualified, candidates must wait six months to re-apply.

SUBJECT OF EXAMINATION CONTINUED ON REVERSE SIDE

SUBJECT OF EXAMINATION: (Continued)

If you meet the minimum qualifications, your **training, education, and experience** will be evaluated against the general background/critical activities of the position. Your completed application/supplemental questionnaire will be the only basis for rating your training, education, and experience. Your score will be based on the following: grade point average, education, advanced degree, or other relevant coursework, actuarial experience, and completion of examinations through the Casualty Actuarial Society, and reading and following instructions. It is essential that you describe your training, education, and experience as completely as possible. Ambiguity, vagueness, or omissions will not be decided in your favor. If you need more space, attach additional 8½" x 11" sheets, following the same format used on the application/supplemental questionnaire. Resumes will NOT be accepted in lieu of a completed application/supplemental questionnaire.

Your final score must be 70 or higher in order to pass. Rank on the eligible list will be determined after adding any wartime veterans' and Civil Service Law Section 85-a credits to your final passing score.

Important: The Department of Civil Service and other state agencies may communicate with you through email correspondence. This may include the notification of your examination results and canvassing you for interest in appointment. It will be important for you to keep your email address, phone number and mailing address current by logging into https://www.cs.ny.gov/home/myaccount.

HOW TO APPLY:

- Download the examination application NYS-APP form at http://www.cs.ny.gov/announ/applications.cfm; or
- Email cs.sm.examinfo@cs.ny.gov to request NYS-APP form; or
- Obtain NYS-APP form from a State agency or facility personnel/business office; or
- Request NYS-APP form by calling the Department of Civil Service in the Albany area at 518-457-2487 or toll free at 1-877-697-5627.

WHERE TO APPLY: These examinations are decentralized to the following agencies. You must mail a separate completed application/supplemental questionnaire to one or more of the following:

For Exam No. 20-108
NYS Department of Financial Services
One Commerce Plaza
Human Resources Management, Room 2016
Albany, NY 12257
(518) 474-2994
human-resources@dfs.ny.gov

For Exam No. 20-109
NYS Insurance Fund
Personnel Office
15 Computer Drive West
Albany, NY 12205
(518) 437-6176
HR@nysif.com

State agencies have an ongoing need for persons qualified for appointment to these positions. Therefore, the agencies above will accept applications at any time and will rate applications whenever additional eligibles are needed. The agencies above will update the eligible list and notify successful candidates of their final scores and eligibility dates on a periodic basis.

RETEST POLICY: Qualified candidates may file as frequently as every 12 months, but a new application/supplemental questionnaire is required each time.

INFORMATION FOR CANDIDATES

NEW YORK STATE IS AN EQUAL OPPORTUNITY EMPLOYER: It is the policy of the state of New York to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without unlawful discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, marital status, domestic violence victim status, genetic predisposition or carrier status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.

Appointment to many positions in State government require candidates to undergo an investigative screening. This may include a thorough character investigation, a Federal Bureau of Investigation Criminal Record History Check, a Child Abuse Registry clearance, or other similar procedures. Candidates may be fingerprinted and may be required to pay any necessary fees for that procedure. Depending on the nature of the job, the criminal convictions discovered, or any falsified or omitted information revealed, the investigative findings may bar appointment or result in removal after appointment.

ELIGIBILITY FOR EMPLOYMENT: You must be legally eligible to work in the United States at the time of appointment and throughout your employment with New York State. If appointed, you must produce documents that establish your identity and eligibility to work in the United States, as required by the federal Immigration Reform and Control Act of 1986, and the Immigration and Nationality Act.

REASONABLE ACCOMMODATIONS IN TESTING: It is the policy of the Department of Civil Service, in accordance with the New York State Human Rights Law and the Americans with Disabilities Act, to provide qualified persons with disabilities equal employment opportunity and equal opportunity to participate in and receive the benefits, services, programs, and activities of the Department. It is the policy of the Department to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide equal opportunity. Persons with disabilities who require an accommodation to participate in an examination must note this on their application. Further information is available from the Test Administration Unit of the Department of Civil Service. In the Albany area, call 518-457-2487. Outside of the Albany area, call toll free at 1-877-697-5627. For TDD services, call NY Relay at 711 (requires a fee) or 1-800-662-1220.

NEW YORK STATE RESIDENCE IS NOT REQUIRED FOR MOST POSITIONS: However, you must be eligible for employment in the United States.

CONTINUOUS RECRUITMENT/ELIGIBLE LISTS: Candidates who meet the qualifications and pass this examination will have their names placed on the eligible list in the order of final scores, regardless of the date on which they filed or took the test. Generally, the names of qualified candidates will remain on the eligible list for one year. Appeal of ratings will not be allowed as the opportunity for retest exists. The Department of Civil Service reserves the right to terminate this special recruitment program.

APPLICATION FOR NYS EXAMINATIONS OPEN TO THE PUBLIC

Send your completed and signed application(s) to the agency where you wish to work. See the exam announcement for the mailing address.

☐	20-101	Actuary Trainee - Dept. of Financial Services
☐	20-102	Actuary Trainee - State Insurance Fund
☐	20-103	Actuary Trainee - Teachers' Retirement System
☐	20-104	Assistant Actuary - Dept. of Financial Services
☐	20-105	Assistant Actuary - State Insurance Fund
☐	20-106	Assistant Actuary - Office of State Comptroller
☐	20-107	Assistant Actuary - Teachers' Retirement System
☐	20-108	Sr. Actuary Casualty - Dept. of Financial Services
☐	20-109	Sr. Actuary Casualty - State Insurance Fund
☐	20-110	Sr. Actuary Life - Dept. of Financial Services
☐	20-111	Sr. Actuary Life - Office of the State Comptroller
☐	20-112	Sr. Actuary Life - Teachers' Retirement System

Last Name | First Name | MI

Mailing Address: No., Street, Apt., or P.O. Box

City or Post Office | State | Zip Code

Email Address

Social Security Number

Home Phone | Day Phone

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law (PPPL), particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Personnel Officeof the agency where you submit your application. For further information, relating only to the PPPL, call (518) 457- 9375. **For information on this examination, call (518) 473-8906.**

EXTRA CREDITS FOR WAR TIME VETERANS

COMPLETE THIS SECTION ONLY IF YOU: Wish to claim War Time Veteran Credits, **AND** have not used **DISABLED** veteran credits for a permanent appointment to a position in New York State or Local Government.

Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer "YES" to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer "YES" to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering "YES" to BOTH questions 5a **AND** 5b in this section. NOTE: All veterans claiming extra credit will be required to produce eligibility documentation which will be verified at time of interview. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one's reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment as provided by the New York State Constitution.

1. Yes ☐ No ☐ Do you expect to receive or have you already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States? The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.

2. Yes ☐ No ☐ Are you now serving, or have you served, on an active duty basis other than active duty for training purposes during one or more of the following **Time of War** periods?

In the Armed Forces:
- Aug. 2, 1990 until the **Persian Gulf hostilities** end
- Feb. 28, 1961 to May 7, 1975
- June 27, 1950 to Jan. 31, 1955
- Dec. 7, 1941 to Dec. 31, 1946

or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:
- **(Panama)** Dec. 20, 1989 to Jan. 31, 1990
- **(Lebanon)** June 1, 1983 to Dec. 1, 1987
- **(Grenada)** Oct. 23, 1983 to Nov. 21, 1983

or in the U.S. Public Health Service:
- June 26, 1950 to July 3, 1952
- July 29, 1945 to Sept. 2, 1945

3. Yes ☐ No ☐ Are you a United States citizen or an alien lawfully admitted for permanent residence?

4. Yes ☐ No ☐ Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.

5a. Yes ☐ No ☐ Have you **USED NON-DISABLED** veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered "Yes" to "5a" above, you must answer "5b":

5b. Yes ☐ No ☐ **After** you were permanently appointed using non-disabled veteran credits, were you **subsequently** certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

New York State Residency Requirement for Extra Credits as a War Time Veteran or Disabled Veteran: You will be required to provide proof of current New York State residency at time of appointment.

ELIGIBILITY FOR EMPLOYMENT

You must be legally eligible to work in the United States at time of appointment and throughout your employment with New York State. If appointed, you must produce documents that establish your identity and eligibility to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986, and the Immigration and Nationality Act.

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X

Signature of Applicant | Date | Please print any other last name by which you are or have been known.

It is the policy of the State of New York to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment without unlawful discrimination on the basis of age, race, color, religion, disability, national origin, gender, sexual orientation, veteran or military service member status, marital status, domestic violence victim status, genetic predisposition or carrier status, or arrest and/or criminal conviction record, or any other category protected by law, unless based upon a bona fide occupational qualification or other exception.

It is the policy of New York State Department of Civil Service to provide qualified persons with disabilities equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodations for religious observance or practice.

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ACTUARY TRAINEE
ASSISTANT ACTUARY
SENIOR ACTUARY (CASUALTY)
SENIOR ACTUARY (LIFE)

There are no application fees for these examinations.

This is an EDUCATION AND EXPERIENCE EXAMINATION. Your rating will be based solely upon a review of your responses to this supplement. All information provided is subject to verification. THIS IS YOUR TEST.

INSTRUCTIONS

1. **Please print clearly in ink.**
2. Answer all questions on this application form NYS-APP-3 #20-101 and SUPP #20-101 completely and accurately. Incomplete information may result in a lower score or disqualification. Retain a copy of the completed form for your records.
3. This questionnaire will be the only basis for rating your education and experience. You may submit your resume in addition to this application, but you **must** still complete all parts of the application without reference to the resume.
4. Your degree and/or college credits must have been awarded from a regionally accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If your degree and/or college credit was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency and a course-by-course evaluation. You can write to the Department of Civil Service, Albany, NY 12239 for a list of acceptable companies who provide this service or this information can be found on the Internet at: http://www.cs.ny.gov/jobseeker/degrees.cfm. You must pay the required evaluation fee.
5. Mail your completed application form NYS-APP-3 #20-101 and supplemental questionnaire SUPP #20-101 with separate copies of your school-issued college transcripts to one or more of the agencies listed below. **Provide photocopies of transcripts from all colleges attended**. Include separate undergraduate and graduate transcripts from all colleges attended whether or not a degree was awarded. These need not be official transcripts, although we reserve the right to require official transcripts at time of interview. As candidates will be evaluated on relevant coursework, failure to provide separate transcripts from all colleges attended may result in a disqualification or lower score. Transcripts must include your name; your student identification number; the name of the issuing school; the type of degree received, if any; the date your degree, if any, was conferred; full course names; grades earned for each course; and a cumulative grade point average (GPA). **Transcripts downloaded from college websites will NOT be accepted.** You must mail separate completed application/supplemental questionnaire and transcripts to one or more of the following:

For Exam Numbers 20-101, 20-104, 20-108 and/or 20-110:
NYS Department of Financial Services
One Commerce Plaza
Human Resource Management
Room 2016
Albany, New York 12257
(518) 474-2994
human-resources@dfs.ny.gov

For Exam Numbers 20-106, and/or 20-111
NYS Office of the State Comptroller
Office of Human Resources
110 State Street
Albany, New York 12236
(518) 474-1924
recruit@ocs.state.ny.us

For Exam Numbers 20-102, 20-105, and/or 20-109
NYS Insurance Fund
Personnel Office
15 Computer Drive West
Albany, New York 12205
(518) 437-6176
HR@nysif.com

For Exam Numbers 20-103, 20-107, and/or 20-112
NYS Teachers' Retirement System
Human Resources – Exam
10 Corporate Woods Drive
Albany, New York 12211-2395
(518) 447-2906

6. Retest Policy – You may reapply for these examinations after 12 months. A new application/supplemental questionnaire and transcripts must be submitted.
7. Appropriate part-time and volunteer experience, which can be verified, will be accepted on a prorated basis.

BEGIN YOUR TEST:

I. ACADEMIC RECORD

A. Indicate any degrees received or expected to be received. Failure to provide complete information below will result in disqualification.

College, University, Professional or Technical Schools	Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate	Degree Expected
Name					☐ Yes ☐ No	MO. YR.
Address (City, State)						
Name					☐ Yes ☐ No	MO. YR.
Address (City, State)						

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ACTUARY TRAINEE
ASSISTANT ACTUARY
SENIOR ACTUARY (CASUALTY)
SENIOR ACTUARY (LIFE)

There are no application fees for these examinations.

I. ACADEMIC RECORD (continued):

B. Indicate "Overall Grade Point Average" (G.P.A.) for ***only*** the college granting your bachelor's degree. For "Specialized G.P.A." (all math, statistics, and actuarial science courses, from any regionally accredited college or university from which you have receive course credit) calculate this by multiplying each course's numerical equivalent grade times the number of semester credit hours for that course; **total** all the results and then divide by the number of semester credit hours represented.
* Please highlight on your transcript coursework you are utilizing to calculate your "Specialized G.P.A."

Accurate information about your G.P.A. is a vital part of the selection process. You must include transcripts verifying this information. **Candidates who do not provide transcripts may be disqualified.** If an educational institution outside the United States or its territories is involved, an equivalency determination and a course-by-course evaluation must be made by an independent service. (Refer to Instruction Item 4).

Overall G.P.A._____ **Specialized G.P.A.**_____

C. If you have completed coursework in economics, corporate finance, or computer science, please fill out the chart below and attach a transcript verifying this coursework to your application.
* Indicate this coursework by on your transcript by marking "**1C**."

College or University	Course Number	Course Name	Semester Credit Hours	Grade

D. If you have completed coursework in professional writing or public speaking, please fill out the chart below and attach a transcript verifying this coursework to your application.
* Indicate this coursework by on your transcript by marking "**1D**."

College or University	Course Number	Course Name	Semester Credit Hours	Grade

E. Have you been involved with a public speaking club or organization? Have you participated in a public speaking training program? Do you have public speaking experience? If yes, indicate below.

Name of Club or Organization/Training Program	Dates of Involvement (MM/YY – MM/YY)

Public Speaking Engagement	Sponsor/Employer	Topic	Number of Attendees

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ACTUARY TRAINEE
ASSISTANT ACTUARY
SENIOR ACTUARY (CASUALTY)
SENIOR ACTUARY (LIFE)

There are no application fees for these examinations.

II. TRAINING

Indicate any Society of Actuaries or Casualty Actuarial Society examinations completed. You must fill out the chart below and attach a transcript verifying this coursework to your application. Failure to provide complete information below will result in disqualification. Preliminary test results will not be accepted. ***(refer to the examination announcement for minimum qualifications)***

Please check one:	Exam Information	Date Completed
☐ Society of Actuaries ☐ Casualty Actuarial Society		
☐ Society of Actuaries ☐ Casualty Actuarial Society		
☐ Society of Actuaries ☐ Casualty Actuarial Society		
☐ Society of Actuaries ☐ Casualty Actuarial Society		
☐ Society of Actuaries ☐ Casualty Actuarial Society		
☐ Society of Actuaries ☐ Casualty Actuarial Society		

III. DESCRIBE YOUR EXPERIENCE:

Indicate actuarial experience gained in a governmental regulatory agency; the actuarial department of a private pension organization, insurance company, accident and health insurer, insurance rating or service organization, public retirement or pension system; or actuarial consulting firm. Describe any practicum, work experience, or internship in the actuarial field. Failure to provide complete information below will result in disqualification. ***(refer to the examination announcement for minimum qualifications)***

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME ADDRESS CITY AND STATE
YOUR EXACT TITLE	DUTIES:
NAME OF YOUR SUPERVISOR	
TELEPHONE NUMBER	

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME ADDRESS CITY AND STATE
YOUR EXACT TITLE	DUTIES:
NAME OF YOUR SUPERVISOR	
TELEPHONE NUMBER	

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM TO	FIRM NAME ADDRESS CITY AND STATE
YOUR EXACT TITLE	DUTIES:
NAME OF YOUR SUPERVISOR	
TELEPHONE NUMBER	

USE ADDITIONAL 8 ½ X 11 SHEETS IF NECESSARY TO COMPLETE INFORMATION

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ACTUARY TRAINEE
ASSISTANT ACTUARY
SENIOR ACTUARY (CASUALTY)
SENIOR ACTUARY (LIFE)

There are no application fees for these examinations.

ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-a

If you are a child or sibling of a firefighter, police officer, emergency medical technician, or paramedic who was killed in the line of duty in the service of New York State, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact the Department of Civil Service at (518) 473-8906.

ADDITIONAL QUESTIONS

If you answer YES to any of these questions, please provide an explanation in the REMARKS section provided below:

1. Yes ☐ No ☐ Were you ever discharged from any employment except for lack of work, funds, disability or medical condition?

2. Yes ☐ No ☐ Did you ever resign from any employment rather than face a dismissal?

REMARKS:

THIS AFFIRMATION MUST BE COMPLETED

I affirm under penalties of perjury that all statements made on this supplemental questionnaire (including any attached papers) are true and accurate. I understand that all statements made by me in connection with this supplemental questionnaire are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I also affirm that I have completed this form independently and without assistance from other candidates or employees of the NYS Department of Civil Service, NYS Department of Financial Services, NYS Office of the State Comptroller, NYS Insurance Fund, and/or NYS Teachers' Retirement System.

Signature: _____

Date: _____