



PRINCIPAL ACTUARY (CASUALTY)

Examination No. & Title	Salary Grade	Beginning Salary	Job Rate
20-118 NYS Department of Financial Services	28	\$89,649	\$110,105
20-119 NYS Insurance Fund	28	\$89,649	\$110,105

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; **AND**
- Successful completion of four examinations of the Casualty Actuarial Society; **AND**
- Four years of actuarial experience in one or more of the following activities:
 1. actuarial or statistical work for operating units or management;
 2. governmental regulatory actuarial functions; OR
 3. performing actuarial computations for reserves, premium rates, and/or policy forms.

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 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 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 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 Department of Financial Services and the NYS Insurance Fund in New York City only.

DUTIES: As a **Principal Actuary (Casualty)** in the **NYS Department of Financial Services**, you would apply intermediate and advanced loss reserving techniques, analyze reinsurance agreements, and provide recommendations regarding actions to be implemented; modify/create databases; critique statutory documents; and assist in training subordinate staff. You would determine whether rates are reasonable and consistent. You would assist the Supervising Actuary (Casualty) in determining basic policy decisions and the manner in which Department rate regulations are administered. You might collect statistics to determine if rates are reasonable and consistent, and represent the Department in its contacts with property/casualty insurance companies.

As a **Principal Actuary (Casualty)** with the **NYS Insurance Fund**, you would head a division within the department and be responsible for the output of the various units in the division. You would be directing ad hoc research projects, overseeing the preparation of various periodic reports for analyzing numerous aspects of the Fund operation, representing the Fund in its contacts with the business world, supervising lower-level actuaries, and assisting the Supervising Actuary (Casualty) and the Director of Actuarial Services.

SUBJECT OF EXAMINATION: The examination requires completion of an application/supplemental questionnaire (Forms NYS-APP-3 #20-113 with SUPP#20-113). **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.

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: education, advanced degree, 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. 20-118
 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. 20-119
 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.

DO NOT COMPLETE THIS SECTION UNLESS YOU: Wish to claim War Time Veterans Credits, **AND** have not used **DISABLED** veterans 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 **or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:**
 - June 26, 1950 to July 3, 1952
 - July 29, 1945 to Sept. 2, 1945
 - (Panama) Dec. 20, 1989 to Jan. 31, 1990
 - (Lebanon) June 1, 1983 to Dec. 1, 1987
 - (Grenada) Oct. 23, 1983 to Nov. 21, 1983
 - Dec. 7, 1941 to Dec. 31, 1946
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 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.

Send your completed and signed application(s) to the agency where you wish to work. See the exam announcement for the mailing address.	
<input type="checkbox"/> 20-113	Associate Actuary (Casualty) - Department of Financial Services
<input type="checkbox"/> 20-114	Associate Actuary (Casualty) - State Insurance Fund
<input type="checkbox"/> 20-118	Principal Actuary (Casualty) - Department of Financial Services
<input type="checkbox"/> 20-119	Principal Actuary (Casualty) - State Insurance Fund
<input type="checkbox"/> 20-123	Supervising Actuary (Casualty) - Department of Financial Services
<input type="checkbox"/> 20-124	Supervising Actuary (Casualty) - State Insurance Fund

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 Office of 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.**

SOCIAL SECURITY NUMBER		

CONTINUOUS RECRUITMENT EXAMINATIONS
ASSOCIATE ACTUARY (Casualty)
PRINCIPAL ACTUARY (Casualty)
SUPERVISING ACTUARY (Casualty)

**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 #20-113 and SUPP #20-113 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 address below 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.

You must mail separate completed application/supplemental questionnaire to one or more of the following:

**For Exam Numbers 20-113, 20-118
and/or 20-123:**

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 20-114, 20-119
and/or 20-124:**

NYS Insurance Fund
 Personnel Office
 15 Computer Drive West
 Albany, NY 12205
 (518) 437-6176
hr@nysif.com

5. Retest Policy – You may reapply for these examinations after 12 months. A new application/supplemental questionnaire and transcripts must be submitted.
6. 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					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						
Name					<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR. /
Address (City, State)						

 SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ASSOCIATE ACTUARY (Casualty)
PRINCIPAL ACTUARY (Casualty)
SUPERVISING ACTUARY (Casualty)

**There are no application fees
for these examinations.**

II. TRAINING

1. Indicate any Casualty Actuarial Society examinations completed. Please fill out the chart below and attach a transcript verifying these exams to your application. Failure to provide complete information below will result in disqualification. Preliminary test results will not be accepted.

Exam Information	Date Completed

2. Indicate Casualty Actuarial Society non-exam coursework completed. Fill out the chart below and attach transcript verifying this coursework to your application. Failure to provide complete information below may result in a lower score.

Coursework Information	Date Completed

III. DESCRIBE YOUR EXPERIENCE:

1. Indicate professional actuarial experience in one or more of the following activities:
 - a. actuarial or statistical work for operating units or management
 - b. governmental regulatory actuarial functions
 - c. performing actuarial computations for reserves, premium rates, and/or policy formsFailure to provide complete information below will result in disqualification.

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
ASSOCIATE ACTUARY (Casualty)
PRINCIPAL ACTUARY (Casualty)
SUPERVISING ACTUARY (Casualty)

**There are no application fees
for these examinations.**

2. Indicate professional actuarial experience with regulatory documents, including: Statement of Actuarial Opinion (“SAO”), Actuarial Opinion Summary (“AOS”) and/or Actuarial Reports underlying the SAO; OR where you performed Risk Transfer Analyses for reinsurance transactions; OR where you reviewed rate filings for at least three of the following property/casualty lines of business: Workers’ Compensation; Medical Malpractice; Automobile; Homeowners; Commercial Multi-Peril; or Professional Liability. Failure to provide complete information below may result in a lower score.

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

3. Indicate professional experience performing actuarial computations for Workers’ Compensation or Statutory Disability Benefits coverage. Failure to provide complete information below may result in a lower score.

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

