

**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.

20-113	Associate Actuary (Casualty) - Department of Financial Services
20-114	Associate Actuary (Casualty) - State Insurance Fund
20-118	Principal Actuary (Casualty) - Department of Financial Services
20-119	Principal Actuary (Casualty) - State Insurance Fund
20-123	Supervising Actuary (Casualty) - Department of Financial Services
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.

**EXTRA CREDITS FOR WAR TIME VETERANS**

**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 **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**  
**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:  
  

<b>For Exam Numbers 20-113, 20-118 and/or 20-123:</b>  NYS Department of Financial Services One Commerce Plaza Human Resource Management Room 2016 Albany, New York 12257 (518) 474-2994 <a href="mailto:human-resources@dfs.ny.gov">human-resources@dfs.ny.gov</a>	<b>For Exam Numbers 20-114, 20-119 and/or 20-124:</b>  NYS Insurance Fund Personnel Office 15 Computer Drive West Albany, NY 12205 (518) 437-6176 <a href="mailto:hr@nysif.com">hr@nysif.com</a>
---	---
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					Yes No	MO.   YR.
Address (City, State)						
Name					Yes 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**

--

SOCIAL SECURITY NUMBER

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

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

4. Indicate professional actuarial experience with responsibility for the supervision and/or administration of professional actuarial staff. 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			

**USE ADDITIONAL 8 1/2 X 11 SHEETS IF NECESSARY TO COMPLETE INFORMATION**

**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, and/or NYS Insurance Fund.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_