

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.

Table with 2 columns: Question ID and Agency Name. Includes entries for Associate and Principal Actuaries in various departments like Financial Services, State Comptroller, and Teachers' Retirement System.

Form fields for Last Name, First Name, and MI.

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

Form fields for City or Post Office, State, and Zip Code.

Email Address

Social Security Number

Form fields for Home Phone and 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.

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.

- 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?
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:
or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:
or in the U.S. Public Health Service:

- 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?
5a. Yes No Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government?
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, 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.

SOCIAL SECURITY NUMBER

CONTINUOUS RECRUITMENT EXAMINATIONS
ASSOCIATE ACTUARY (Life)
PRINCIPAL ACTUARY (Life)
SUPERVISING 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 #20-115 and SUPP #20-115 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 20-115, 20-120
and/or 20-125:**

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 20-116, 20-121
and/or 20-126:**

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 20-117 and/or
20-123:**

NYS Teachers' Retirement System
Human Resources - Exam
10 Corporate Woods Drive
Albany, NY 12211-2395
(518) 447-2906

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)						

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SUPERVISING ACTUARY (Life)

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

II. TRAINING

1. Indicate any Society of Actuaries 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 Society of Actuaries non-exam coursework or modules 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 or Module Information	Date Completed

3. Indicate if you are an Enrolled Actuary. Fill out the chart below and attach a transcript verifying your enrollment to your application. Failure to provide complete information below may result in a lower score.

Exam Information	Date Completed

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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. governmental or private pension actuarial functions; or
 - d. performing actuarial computations for reserves, premium rates, and/or policy forms.

Failure 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

2. Indicate professional actuarial experience working with Accident and Health Insurance products independently producing and/or analyzing: asset adequacy analyses; reinsurance; valuation of liabilities; agent compensation plans; pricing; mortality/morbidity studies; claim trend analysis; and/or managed care products. 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			

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SOCIAL SECURITY NUMBER

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

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

3. Indicate professional actuarial experience working with life insurance policies and annuities independently producing and/or analyzing; asset adequacy analyses; reinsurance; valuation of liabilities; pricing; and/or agent compensation plans. 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			

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NAME OF YOUR SUPERVISOR			
TELEPHONE NUMBER			

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

4. Indicate professional actuarial experience working with a qualified or private pension plan producing and/or analyzing; valuations; experience studies; gain and loss; actuarial assumptions; actuarial equivalence; plan qualification; and/or GASB/FASB requirements. 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			

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SOCIAL SECURITY NUMBER

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ASSOCIATE ACTUARY (Life)
PRINCIPAL ACTUARY (Life)
SUPERVISING ACTUARY (Life)

There are no application fees
for these examination.

5. 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 ½ 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, NYS Office of the State Comptroller, and/or NYS Teachers' Retirement System.

Signature: _____

Date: _____