Dear Member,

On behalf of the New York State Correctional Officers and Police Benevolent Association, I would like to welcome you to the ranks of the largest law enforcement union in New York State. NYSCOPBA is an independent union that believes the interests of its members is the top priority. You, the member, direct the goals and the future of NYSCOPBA.

Enclosed in the information packet, please find many useful resources and benefits that are now available to you. Most importantly, you will find contact information for our main office in Albany and the many regional offices we have throughout the state. Regardless of what part of the state you are from, we want you to know that assistance and information is only a phone call away.

Membership in NYSCOPBA will provide you with the eligibility to purchase additional insurance at group rates, attend Union events, the power to vote and all the other benefits that our 23,000 members currently enjoy. You are now entering one of the most dangerous jobs in the nation and our job is to protect your benefits, protect you work environment, but most importantly to protect you.

Remember, we work for you. If you have any questions or concerns, please feel free to contact a local Steward, a regional Vice-President or the Albany office. All contact information is in the calendar book you just received and on the NYSCOPBA website.

Once again, welcome to a proud profession and I wish you a long and safe career.

In Solidarity,

Michael B. Powers
President
Enclosed please find several documents that will help introduce you to NYSCOPBA. In addition, we have included the current contract and arbitration award, a calendar book, a voter registration form, a summary of the discounts we offer, a payroll deduction form, a summary of the optional benefits available, our Constitution and other helpful information.

It is very important that you fill out and return the payroll deduction form. Although this form is optional, we strongly encourage our Members to complete the form in order to enjoy all the benefits of full union membership.

All NYSCOPBA Members begin their career as an “Agency Shop” Member. Agency Shop means that you are not in good standing with the union. Although you are still afforded the core protections NYSCOPBA provides, certain optional benefits are available only to Member in good standing.

To become a Member in good standing, simply fill out the enclosed payroll deduction form and return it to us. Once we receive the dues deduction form, we will process the form and notify the NYS Comptroller to change your status to Member in good standing. Once the NYS Comptroller processes your status change, you will see the change reflected on your pay stub, dues deduction line.

It is also important for you to fill out and send in the enclosed Voter Registration Form. The Voter Registration form must be mailed to your County Board of Elections as listed on the form.

If you have additional questions or concerns, please visit our web site at www.nyscopba.org. We offer a vast wealth of information on the site to assist you in your employment and personal life.

Once again, welcome to NYSCOPBA!
PAYROLL DEDUCTION AUTHORITY AND MEMBERSHIP APPLICATION

For Dues and/or Insurance Premium of the New York State Correctional Officers and Police Benevolent Association, Inc. (NYSCOPBA), 102 Hackett Blvd. - Albany, New York 12209

Name (Last Name, First, Middle Initial) ____________________________ Social Security Number ____________________________

Street Address ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

Department ____________________________ Title ____________________________

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I HEREBY AUTHORIZE YOU TO DEDUCT FROM MY SALARY BI-WEEKLY $23.72 FOR BINDING ARBITRATION MEMBERS (BU01) OR $23.09 FOR NON-BINDING ARBITRATION MEMBERS (BU21) FOR THE PAYMENT OF MEMBERSHIP DUES IN THE NEW YORK STATE CORRECTIONAL OFFICERS AND POLICE BENEVOLENT ASSOCIATION, INC.

THIS WILL ALSO AUTHORIZE YOU TO MAKE ANY ADJUSTMENT DEDUCTIONS NECESSARY FOR THE PURPOSE OF PAYMENT OF THE ANNUAL DUES AND/OR INSURANCE PREMIUMS FOR ALL FORMS OF INSURANCE OFFERED BY NYSCOPBA, INCLUDING VOLUNTARY LIFE/ACCIDENTAL DEATH & DISMEMBERMENT, DISABILITY, AUTOMOBILE, HOMEOWNERS AND CASUALTY.

THIS IS ALSO YOUR AUTHORIZATION TO MAKE DEDUCTIONS IN THE SUCCEEDING YEARS OF MY EMPLOYMENT IN THE AMOUNT CERTIFIED BY NYSCOPBA AS REQUIRED FOR THE PAYMENT OF MY MEMBERSHIP DUES AND/OR INSURANCE PREMIUM IN SAID ASSOCIATION.

I UNDERSTAND THAT THIS AUTHORIZATION MAY BE REVOKED AT ANY TIME BY WRITTEN NOTICE TO YOU. RETURN CARD PROMPTLY TO THE ASSOCIATION ADDRESS ABOVE.

__________________________________ ___/___/___
Signature of Employee Date Card Signed

NYSCOPBA QUESTIONNAIRE

Please fill out and return to NYSCOPBA. The information provided is critical to help maintain contact with you, secure reduced insurance rates and build a powerful membership database. This information is confidential and will NOT be distributed.

Please Print

Name: ____________________________

Address: ____________________________

Phone: (Home) ____________________________ (Cell) ____________________________ □ Check for text updates

SSN: ____________________________ Employee ID: ____________________________ Veteran: □

Date of Birth: ____________________________ Gender: ____________________________

Seniority Date: ____________________________ Facility: ____________________________

Email: ____________________________

□ Check for email only delivery of NYSCOPBA mail

** Updated 04/13/13
# NYSCOPBA Contact Info

NYSCOPBA, Inc., 102 Hackett Blvd. Albany, NY 12209, www.nyscopba.org, nyscopba@nyscopba.org
Toll Free (888) 484-7279 - Local (518) 427-1551 – Fax (518) 426-1635 - Emergency (888) 856-4688

## Executive Board Offices

<table>
<thead>
<tr>
<th>President</th>
<th>Executive Vice President</th>
<th>Treasurer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Powers – <a href="mailto:mpowers@nyscopba.org">mpowers@nyscopba.org</a></td>
<td>Tammy Sawchuk – <a href="mailto:tsawchuk@nyscopba.org">tsawchuk@nyscopba.org</a></td>
<td>John Telisky – <a href="mailto:jtelisky@nyscopba.org">jtelisky@nyscopba.org</a></td>
</tr>
<tr>
<td>(518) 427-1551 x 302 - (518) 426-1635 fax</td>
<td>(518) 427-1551 x 304 - (518) 426-1635 fax</td>
<td>(518) 427-1551 x 240 - (518) 426-1635 fax</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Recording Secretary</th>
<th>Central Region</th>
<th>Mid-Hudson Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vinny Blasio – <a href="mailto:vblasio@nyscopba.org">vblasio@nyscopba.org</a></td>
<td>Paul Lashway, VP – <a href="mailto:plashway@nyscopba.org">plashway@nyscopba.org</a></td>
<td>Mike Mazzella, VP – <a href="mailto:mmazzella@nyscopba.org">mmazzella@nyscopba.org</a></td>
</tr>
<tr>
<td>102 Hackett Blvd. Albany, NY 12209</td>
<td>Ray Rivera, BA – <a href="mailto:rrivera@nyscopba.org">rrivera@nyscopba.org</a></td>
<td>Larry Flanagan, Jr, BA – <a href="mailto:lflanagan@nyscopba.org">lflanagan@nyscopba.org</a></td>
</tr>
<tr>
<td>(518) 427-1551 x 242 - (518) 426-1635 fax</td>
<td>32 Roosevelt Drive, Whitesboro, NY 13492</td>
<td>21 North Plank Road, Newburgh, NY 12550</td>
</tr>
<tr>
<td></td>
<td>(315) 736-5497 - (315) 736-5541 fax</td>
<td>(845) 563-9700 - (845) 563-9077 fax</td>
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<thead>
<tr>
<th>Northern Region</th>
<th>Southern Region</th>
<th>Western Region</th>
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<tbody>
<tr>
<td>Chris Hansen, VP – <a href="mailto:chansen@nyscopba.org">chansen@nyscopba.org</a></td>
<td>Clarence Fisher, VP – <a href="mailto:cfisher@nyscopba.org">cfisher@nyscopba.org</a></td>
<td>Mike Dildine, VP – <a href="mailto:mdildine@nyscopba.org">mdildine@nyscopba.org</a></td>
</tr>
<tr>
<td>Ricky Brunelle, BA – <a href="mailto:rbrunelle@nyscopba.org">rbrunelle@nyscopba.org</a></td>
<td>Courtney Nixon, BA – <a href="mailto:cnixon@nyscopba.org">cnixon@nyscopba.org</a></td>
<td>Joe Miano, BA – <a href="mailto:jmiano@nyscopba.org">jmiano@nyscopba.org</a></td>
</tr>
<tr>
<td>102 Hackett Blvd. Albany, NY 12209</td>
<td>733 Yonkers Ave Ste 108 Yonkers, NY 10704</td>
<td>Dave Tessmer, BA – <a href="mailto:dtessmer@nyscopba.org">dtessmer@nyscopba.org</a></td>
</tr>
<tr>
<td>(518) 427-1551 x 243 - (518) 426-1635 fax</td>
<td>(914) 375-7527 - (914) 375-7529 fax</td>
<td>52 South Parkway - Upper, Leicester, NY 14481</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(585) 382-3120 - (585) 382-9275 fax</td>
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<thead>
<tr>
<th>Law Enforcement</th>
<th>Main Office Extensions</th>
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<tbody>
<tr>
<td>John Harmon, VP - <a href="mailto:jharmon@nyscopba.org">jharmon@nyscopba.org</a> – x316</td>
<td>Allen, Michelle - Admin. Assist. 225</td>
</tr>
<tr>
<td>Doug Trotter, BA – <a href="mailto:dtrotter@nyscopba.org">dtrotter@nyscopba.org</a> – x231</td>
<td>Babineau, Sonya - Accounting 241</td>
</tr>
<tr>
<td>Tom Sawyer, BA – <a href="mailto:tsawyer@nyscopba.org">tsawyer@nyscopba.org</a> – x244</td>
<td>Carlsen, Gary - Member Services 246</td>
</tr>
<tr>
<td>102 Hackett Blvd. Albany, NY 12209</td>
<td>Cronin, Robert - Grievance 259</td>
</tr>
<tr>
<td>(518) 427-1551 - (518) 426-1635 fax</td>
<td>Cunningham, Sue - WC, Health &amp; Safety 247</td>
</tr>
<tr>
<td></td>
<td>Dommermuth, Gary - Retirement 257</td>
</tr>
<tr>
<td></td>
<td>Flanagan, Stephanie - Member Services 261</td>
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<tr>
<td></td>
<td>Gulino, Mary - Office Manager 227</td>
</tr>
</tbody>
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### Indemnity Insurance

- **AFLAC**
  - 1 Marcus Blvd., Albany, NY 12205
  - (800) 366-3466 - (800) 844-8201 fax
  - www.aflac.com - stash_wojeski@us.aflac.com

### Legal Services – Southern Region Only

- **Koehler & Isaacs, LLP**
  - 120 Broadway, 29th floor, NY, NY 10271
  - (917) 551-1300 - (212) 791-4327 fax
  - MSkelly@koehler-isaacs.com
  - www.koehler-isaacs.com

### Auto & Home – No New Policies Written

- **Liberty Mutual**
  - 135 Corporate Woods, Suite 380
  - Rochester, NY 14623
  - (800) 526-1547
  - mark.enright@libertymutual.com

### Life, Disability, ADD Insurance, Long Term Care & Critical Illness

- **Norvest Financial Services**
  - 930 Albany Shaker Road, Albany, NY 12110
  - (888) 869-5252 – (518) 782-9334 - (518) 782-9336 fax
  - rtroche@norvest.net

### Health Insurance Info

- **Civil Service Employee Benefits**
  - (800) 833-4344
  - Employee Health Services. (518) 233-3100

### Empire Plan (877) 769-7447

- **Option 1 - Medical Program**
  - Option 2 - Hospital Program
  - Option 3 - Mental Health/Substance Abuse
  - Option 4 - Prescriptions
  - Option 5 - Nursing
  - Option 6 - Program Descriptions

### New York State Contacts

<table>
<thead>
<tr>
<th>Employee Assistance Program</th>
<th>Deferred Compensation</th>
<th>Disability Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>(800) 822-0244</td>
<td>(800) 422-8433</td>
<td>(518) 474-2078</td>
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<thead>
<tr>
<th>Directory</th>
<th>Insurance Department</th>
<th>Labor Management Committee</th>
</tr>
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<tbody>
<tr>
<td>(518) 474-2121</td>
<td>(518) 474-6600</td>
<td>(518) 457-9420</td>
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</table>

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<tr>
<th>Organizational Alcohol Program</th>
<th>Personnel</th>
<th>Retirement</th>
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</thead>
<tbody>
<tr>
<td>(518) 489-9072</td>
<td>(518) 457-8128</td>
<td>(518) 474-7736 or (866) 805-0990</td>
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<tr>
<th>Workers’ Compensation Board</th>
<th>NYSHIP</th>
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<tbody>
<tr>
<td>(877) 632-4996</td>
<td>(800) 833-4344 or (518) 457-5754</td>
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</table>
YOUR RIGHTS AS A NYSCOPBA MEMBER

As Law Enforcement Officers, you have the same rights as other public employees and citizens. It is critical that you know your rights and assert them. Often times, Officers feel they must talk first, without invoking their contractual and constitutional rights. This may not be in your best interest. It is important to know and understand your rights. NYSCOPBA is committed to helping you and we can do so more effectively if you ask for assistance.

INTERROGATIONS
There is no contractual definition for an interrogation. However, if you are ordered to submit to an interrogation by your supervisor or any other departmental representative, you are entitled to union representation if you are the subject of a disciplinary investigation. If you are questioned, make sure that you assert that you want union representation. Your employer does not have the right to tell you who your union representative will be. You cannot be required to sign any statement as part of the interrogation process.

DEPARTMENTAL INTERVIEWS/INVESTIGATIONS
If you are interviewed as part of a departmental investigation, ask:
(1) whether you are the subject of the investigation. If the answer is yes or you think that you are the subject of an interrogation, ask for union representation.
(2) If you are being compelled to answer questions (that is, you will be subject to discipline if you refuse to answer) none of your answers can be used against you in any subsequent criminal proceeding, but they may be used in a disciplinary proceeding. (See Directive 0102)

OUTSIDE POLICE AGENCIES
Oftentimes, Officers feel intimidated if they are asked to answer questions from an outside police agency. You cannot be ordered by your employer to cooperate with an investigation conducted by outside police agencies such as the FBI, the State Police or the State Attorney General. This is confirmed in a side letter to the contract. (Please note that the term "outside police agency" does not include commissions or bodies charged by the Mental Hygiene Law with the duty to conduct investigations). If you are approached off-duty by an outside police agency, remember that you have no obligation to talk to them or to give them a statement. You retain all the Constitutional protections of a U.S. citizen. As such, you have the absolute right to remain silent and to speak with an attorney. As fellow Law Enforcement Officers, we may feel as though we should answer questions put to us by outside police agencies without an attorney. This has been proven to work against NYSCOPBA members in the past and it is not recommended. If you believe you might be the target of an investigation by an outside police agency, you should contact NYSCOPBA or your lawyer before you answer any questions.

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DOCS Directive 0102 (excerpt) - Rights of Departmental Employees

The Department requires that all employees be accorded the full protections of our legal system and their union contract. When an employee is questioned about a violation of Departmental rules, the following shall apply:

1) The employee shall be notified that personal counsel or union representatives may be present at all times during the interrogation if so requested by the employee.

2) The employee shall be notified that a postponement may be granted until 10:00 a.m. the following day to provide the employee the opportunity to retain counsel or union representation.

3) The interrogation shall be conducted at reasonable hours. For the purposes of this directive, the term “interrogation” is defined by the applicable collective bargaining agreement or Article 75 of the Civil Service Law for M/C employees.

4) No threats or offensive language will be used.

5) The length of the questioning period shall not be excessive and shall include breaks for meals and personal necessities.

6) If an employee is the subject of a criminal investigation or there is likelihood that criminal charges may result from the investigation, the following warnings shall be given to the individual concerned prior to the commencement of the interrogation:

   a) You are being questioned as part of an official investigation by the Department of Correctional Services. You will be asked questions specifically directed and narrowly related to the performance of your official duties. You are entitled to all the rights and privileges guaranteed by the laws of the State of New York, the Constitution of the United States, including the right not to be compelled to incriminate yourself and the right to have legal counsel present at each and every stage of the investigation.

   b) If you refuse to testify or to answer questions relating to the performance of your official duties, you will be subject to departmental charges which could result in your dismissal from the Department of Correctional Services. If you do answer, neither your statements nor any information or evidence which is gained by reason of such statements can be used against you in any subsequent criminal proceeding. However, these statements may be used against you in relation to subsequent departmental charges.
Empire Plan Copayments
(Effective Under 2009-2016 Contract)

Participating Provider Services (Medical/Surgical Program)
• $20 Copayment – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-Standing Participating Cardiac Rehabilitation Center Visit, Urgent Care Visit, Convenience Care Clinic Visit
• $30 Copayment – Non-Hospital Outpatient Surgical Locations
• $35 Copayment – Medically Appropriate Professional Ambulance Transportation

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)
• $20 Copayment – Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)*
• $20 Copayment – Outpatient Physical Therapy
• $40 Copayment – Outpatient Services for Diagnostic Radiology, Diagnostic Laboratory Tests, Mammography Screening and Administration of Desferal for Cooley’s Anemia in a Network Hospital or Hospital Extension Clinic
• $60 Copayment – Outpatient Surgery
• $70 Copayment – Emergency Room Care

*Covered services defined as preventive under the Patient Protection and Affordable Care Act are not subject to copayment.

Mental Health and Substance Abuse Program
• $20 Copayment – Visit to Outpatient Substance Abuse Treatment Program
• $20 Copayment – Visit to Mental Health Professional
• $70 Copayment – Emergency Room Care

Prescription Drug Program
Up to a 30-day Supply of a Covered Drug from a Network Pharmacy or through the Mail Service Pharmacy or Designated Specialty Pharmacy
• $5 Copayment – Level 1 Drugs or for most Generic Drugs
• $25 Copayment – Level 2, Preferred Drugs or Compound Drugs
• $45 Copayment – Level 3 or Non-Preferred Drugs

31 to 90-day Supply of a Covered Drug from a Network Pharmacy
• $10 Copayment – Level 1 Drugs or for most Generic Drugs
• $50 Copayment – Level 2, Preferred Drugs or Compound Drugs
• $90 Copayment – Level 3 or Non-Preferred Drugs

31 to 90-day Supply of a Covered Drug through the Mail Service Pharmacy or designated Specialty Pharmacy
• $5 Copayment – Level 1 Drugs or for most Generic Drugs
• $50 Copayment – Level 2, Preferred Drugs or Compound Drugs
• $90 Copayment – Level 3 or Non-Preferred Drugs

(Note: oral chemotherapy drugs for the treatment of cancer and Level 1 contraceptives do not require a copayment.)

*If you choose to purchase a covered brand-name drug that has a generic equivalent, you pay the Level 3 non-preferred drug copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full cost of the covered drug, unless the brand-name drug has been placed on Level 1 of the Empire Plan Flexible Formulary. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these covered Level 3 brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol and Tegretol XR. One copayment covers up to a 90-day supply.
ENDORSED OPTIONAL BENEFITS
The following benefits are available by payroll deduction

### Life Insurance
**Carrier: The Standard**
Administrator: Norvest Financial Services, Inc. 930 Albany Shaker Road, Albany, NY 12110 (888) 869-8252 - [http://www.norvest.net/](http://www.norvest.net/)

- **Free Benefit** - Every active member and retiree chapter member of NYSCOPBA has a $30,000 basic life insurance policy paid for by NYSCOPBA.
- **Optional** - Term insurance is available by payroll deduction for members, spouse and children. Whole life insurance is also available by payroll deduction.

### Disability Insurance
**Carrier: The Standard**
Administrator: Norvest Financial Services, Inc. 930 Albany Shaker Road, Albany, NY 12110 (888) 869-8252 - [http://www.norvest.net/](http://www.norvest.net/)

- **Optional** - Disability insurance is available by payroll deduction at monthly benefit levels. Covers injuries/illness on and off the job. Light duty provision with 100% cap of average monthly benefit for last 24 months.

### Accidental Death & Dismemberment Insurance
**Carrier: The Standard**
Administrator: Norvest Financial Services, Inc. 930 Albany Shaker Road, Albany, NY 12110 (888) 869-8252 - [http://www.norvest.net/](http://www.norvest.net/)

- **Free Benefit** - Every active member of NYSCOPBA has a $30,000 AD&D insurance policy paid for by NYSCOPBA.
- **Optional** - Accidental Death & Dismemberment insurance is available by payroll deduction.

### Critical Illness Insurance
**Carrier: The Chartis Insurance Company**
Administrator: Norvest Financial Services, Inc. 930 Albany Shaker Road, Albany, NY 12110 (888) 869-8252 - [http://www.norvest.net/](http://www.norvest.net/)

- **Optional** - Critical Illness Insurance is available by payroll deduction. Premiums are based upon your current age. Premiums remain level and DO NOT increase as you age. Critical Illness insurance would protect you from the anticipated costs of a serious illness.

### AFLAC Indemnity
**AFLAC**

- **Optional** - AFLAC offers benefits to cover a wide range of needs. Cancer, disability, sickness and accident insurance are available by payroll deduction.
  Stash Woeski (518) 477-9538 - stash_wojeski@us.aflac.com

### Auto & Home
**Carrier: Met Life**
Tim Maguire, Senior Account Executive One Financial Center, 22nd Floor Boston, MA 02111 – [tbmaguire@metlife.com](mailto:tbmaguire@metlife.com) 617-574-3933 - 617-574-3939 (fax)

- **Optional** - Quality auto and home insurance, as well as a wide range of other personal property and liability insurance at special group rates. 24-hour customer service, repair program, and payroll deduction. Call 800-438-6388) to speak with an insurance consultant or visit [https://mybenefits.metlife.com/MyBenefits/ssi/commonAccess.do](https://mybenefits.metlife.com/MyBenefits/ssi/commonAccess.do)
  (Company name: NYSCOPBA, be sure to use all caps).

### Legal Service Plan
**Koehler & Isaacs, PC**
61 Broadway, 25th Floor, New York, NY 10006 (917) 551-1300 - (212) 551-0030(fax) sisaacs@koehler-isaacs.com - koehlerisaacs@nyscopba.org

- **Optional** - Legal Services plan available to southern region members by payroll deduction of $20 bi-weekly.

### Correctional Peace Officers Foundation, Inc.
**CPOF**
1346 North Market Blvd., PO Box 348390 Sacramento, CA 95834 (916) 928-0061 (800) 800-2763 (916) 928-0072 (fax) Vicki Wahlquist vicki@cpof.org [http://www.cpof.org/](http://www.cpof.org/)

- **Optional** - The Correctional Peace Officers (CPO) Foundation, Inc. is a national, non-profit charity that provides a death benefit to the surviving families of Corrections professionals who lose their lives in the line of duty. The CPO Foundation also has an extensive Catastrophic Assistance Program to assist Corrections professionals and their families in times of emergency, crisis or other dire need. The Correctional Peace Officers Foundation, Inc. is registered with the Internal Revenue Service under IRC501(c)(3), 509(a)(1) and 170(b)(1)(A)(vi), ID number 68-0023302.

### Correctional Services Trust Fund
**CST**
2 Crimson Way, Plattsburgh, NY 12901 (518) 561-2937 - (800) 269-3723 (518) 561-7459 (fax)

- **Optional** - Offers a monthly benefit for members unable to return to work for $2 bi-weekly.
  [http://www.cstbf.com/](http://www.cstbf.com/) - Contact: CSTBF@Yahoo.com
NYSCOPBA Members and Retiree Chapter Members:

We are pleased to announce that the Executive Assembly at its April 10 – 11, 2013 meeting voted to approve an increase in the amount of the Member Basic Life and Accidental Death and Dismemberment (AD&D) Insurance benefits. This NYSCOPBA provided benefit will continue to be offered at no cost to our Members.

Effective May 1, 2013, the amount of insurance coverage will increase for each Membership category according to the following schedule:

- Basic Life (active Member) – increases from $15,000 to $30,000
- Basic AD&D (active Member) – increases from $26,000 to $30,000
- Retiree Life (Retiree Chapter Member) – increases from $15,000 to $20,000

Should you have any questions regarding this benefit please contact our Third Party Administrator at (888) 869-8252 or NYSCOPBA's Membership Services Department at (888) 484-7279.

IMPORTANT:

Be sure you have designated a beneficiary for this free life insurance. If you have not designated or you wish to change your beneficiary you can download a beneficiary designation form from the main page of our web site at www.nyscopba.org. You can also contact Norvest Financial Services for a beneficiary designation form at (888) 869-8252.

Please remember to complete a new beneficiary designation form for this free life insurance as well as any optional NYSCOPBA life insurance you have when changes occur.
Dear NYSCOPBA Member,

Welcome! NYSCOPBA provides all active members in good standing, a $30,000 (Basic) Life Insurance benefit as well as a $30,000 Accidental Death and Dismemberment (AD&D) benefit at no cost to you. Please complete the enclosed enrollment form to designate your beneficiary for these free benefits.

In addition, you have the opportunity to enroll in NYSCOPBA’s Optional Term Life, Disability, Critical Illness and Auto and Homeowner’s Insurance Programs. These programs are offered through the convenience of payroll deduction. NYSCOPBA’s Term Life and Disability Programs allow you to enroll with NO MEDICAL QUESTIONS ASKED if your application is returned by the date stamped on your enclosed application.

Optional Life Insurance: During this limited Open Enrollment period, you are eligible to purchase up to $300,000 in Term Life Insurance for yourself, $50,000 for your spouse and $4,000 for your child(ren). An Accidental Death and Dismemberment Benefit Rider (AD&D) is also available. This rider doubles the Term Life amount in the event of an accidental covered dismemberment or death.

Optional Disability Insurance: Disability Insurance protects against the risk of a loss of income due to a disability. This plan provides income supplement if you become unable to work due to an injury or illness that occurs on or off the job. You may select one of seven benefits options ranging from $300 to $2,000 per month.

Critical Illness: Provides a $10,000 lump sum payment for the first diagnosis of a covered critical illness such as a heart attack, stroke, full benefit cancer or major organ transplant. Payment may be used to offset unreimbursed medical expenses or any way you see fit. It also provides an annual $50 preventative care payment for covered screening test. Premiums are based on your current age and remain level and do not increase as you age.

MetLife: Provides you with access to insurance coverage for your personal insurance needs at a special group discount. Policies available include: auto, home, landlord’s rental dwelling, condo, mobile home, renters, recreational vehicle, and boat. For a free premium quote and application please call 1-800-438-6388.

To enroll, simply complete the enclosed enrollment forms and return in the postage paid envelope provided. Please take the time to review all plan information. Insurance certificates are listed on our web site www.norvest.net for your review. Your username is NYSCOPBA and your password is 2011. Customer Service Representatives are available to answer your questions. Please feel free to contact our office at 1-888-869-8252.

Sincerely,

Norvest Financial Services, Inc.
Third Party Administrator for NYSCOPBA
This designation will apply to The Standard Life Insurance Company of New York’s following coverage(s) available to you through your membership in NYSCOPBA: Basic Life, Basic Accidental Death & Dismemberment (AD&D), Voluntary Life and Voluntary AD&D insurance coverage.

Sign and date the completed form and return it to Norvest at the following address: Norvest Financial Services, Inc., 930 Albany–Shaker Road, Latham, New York 12110. Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to Norvest Financial Services, Inc., third party administrator for NYSCOPBA during your lifetime.

### MEMBER INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Social Security No.</th>
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<tbody>
<tr>
<td>Address</td>
<td>City</td>
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</table>

**Group Name**  New York State Correctional Officers and Police Benevolent Association, Inc.  
**Group No.**  645228-C

### BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, trustee under the trust agreement dated ____________________________”.
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your coverage under the Group Policy.
- If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent) For example, “Primary-John Q. Doe; 60%; and Jane Q. Doe, 40%.”

### BENEFICIARY DESIGNATION for NYSCOPBA’S FREE $30,000 BASIC LIFE and FREE $30,000 AD&D INSURANCE

Completing these designations revokes all prior designations.

<table>
<thead>
<tr>
<th>Primary-Full Name</th>
<th>Relationship</th>
<th>Soc. Sec. No.</th>
<th>% of Benefit</th>
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<th>Contingent-Full Name</th>
<th>Relationship</th>
<th>Soc. Sec. No.</th>
<th>% of Benefit</th>
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### BENEFICIARY DESIGNATION for OPTIONAL LIFE (only if different from above)

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<th>Relationship</th>
<th>Soc. Sec. No.</th>
<th>% of Benefit</th>
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<th>Contingent-Full Name</th>
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<th>Soc. Sec. No.</th>
<th>% of Benefit</th>
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Signature of Member  Date

Please retain the yellow copy for your records  4/13
What's a 529 college savings plan?
A 529 college savings plan, typically sponsored by a state, enables you to invest for college deferred from federal and sometimes state income taxes. You can use this investment to pay for tuition, certain room-and-board expenses, fees, books, supplies and equipment, and other qualified higher-education expenses.*

* Earnings on nonqualified withdrawals may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state, and local taxes.

Who can open a New York's Direct Plan account?
The Direct Plan has no income restrictions and is open to U.S. citizens or resident aliens with a valid Social Security number or other taxpayer identification number, and a U.S. address (that isn't a post office box). The beneficiary (or student) must also be a U.S. citizen or resident alien with a valid Social Security number or taxpayer identification number. You don't have to live in New York to participate.

How do I know which educational institutions are eligible?
Generally, if a school has been assigned a federal school code by the Department of Education, it's an eligible institution under Section 529.

Can I use the money for a college outside of New York?
Yes. The money from your account in the Direct Plan can be used at any eligible postsecondary school in the United States and abroad. This includes most colleges, universities, graduate schools, and vocational schools. You can use the money to pay for tuition, certain room-and-board expenses, fees, books and supplies and equipment required for enrollment or attendance.

What tax benefits can I get from the Direct Plan?
New York State taxpayers can deduct up to $5,000 ($10,000 for a married couple filing jointly) of contributions to their Direct Plan account from their state taxable income each year. This may be subject to recapture in certain circumstances--rollovers to another state's plan or nonqualified withdrawals. However, contributions are not deductible for federal income tax purposes. Note: Only the account owner may take advantage of the tax deduction for his/her contributions to his/her account. To be deductible for the current tax year for New York State income tax purposes, contributions sent by mail must be postmarked by December 31.

What are my investment choices?
The Direct Plan offers 16 investment choices--3 age-based options that automatically adjust your assets over time to more conservative allocations and 13 individual portfolios that you adjust yourself according to your own investment strategy and risk tolerance. You can select up to 5 investment options per account. Investment returns are not guaranteed, and you could lose money by investing in the plan.

How much do I need to open an account?
The minimum amount you need to open an account in the Direct Plan is $25. Contributions after you open an account must be at least $25 ($15 if you're contributing through payroll deduction).

Can I open an account for more than one beneficiary?
Yes. While you can name only one beneficiary for each account, you can open accounts for other beneficiaries. Each account you open requires a $25 initial investment. Note: The same individual can be the beneficiary of multiple accounts. For example, a father, mother, grandparent, and uncle can each open a separate account for the same child; they can also open separate accounts for another child.

Can I open an account in the Direct Plan with the money from my child's UGMA/UTMA account?
You may use money from a Uniform Gifts/Transfers to Minors (UGMA/UTMA) account to open an account in the Direct Plan or fund additional contributions to an existing Direct Plan account. However, keep in mind that you may incur capital gains taxes from the sale of the assets currently held in the UGMA/UTMA account. (You should consult with a tax advisor before transferring UGMA/UTMA assets to a 529 plan.) Since any money gifted to a child in an UGMA/UTMA account is irrevocable, the 529 account should be opened as a separate "UGMA/UTMA 529" account. You should consider opening a separate 529 account for the same child if you wish to make additional contributions of non-UGMA/UTMA money. Any money that you contribute to the "UGMA/UTMA 529" account will be considered owned by the child and you will not be able to change the beneficiary of this account.
How much can I contribute to my account?
You can contribute for your beneficiary until the total balance of all Direct Plan accounts held for that beneficiary reaches $375,000. If more than one account has been opened for the beneficiary, this is the total for all accounts. Once this limit is reached, no additional contributions can be made, but the 529 account(s) can continue to accumulate earnings.

Can I move money from one investment option to another?
Yes. Under the federal rules governing 529 plans, you can change the way your existing assets are invested once per calendar year or whenever the account beneficiary changes. You can change how your future contributions are allocated at any time.

How do I make withdrawals from the plan and how long does it take?
You can make a withdrawal online, by phone, or by submitting a form.

Online or by phone
If you submit your request in good order online or by phone on a business day before 4 p.m., Eastern time, your withdrawal will be processed on that day. Withdrawals requested in good order after 4 p.m. will be processed on the next business day. The money you requested can be sent by check or electronic bank transfer (EBT) if you already have banking instructions set up on your account (for security purposes, this must be established 15 days prior to your withdrawal request).

Form
You can submit a Withdrawal Request Form, which is available for download from the Web site or can be mailed to you upon request. If your Withdrawal Request Form is received in good order on a business day before 4 p.m., Eastern time, it will generally be processed within 3 business days. Allow 10 business days to receive the check. Withdrawals can also be sent to the educational institution either directly or through New York's Higher Education Services Corporation (HESC). Allow extra time for processing as crediting money to the student's school account may be delayed in periods of heavy volume. You can help expedite the processing of the payment to the school by providing the student's ID number. Note: Contributions by automatic investment plan (AIP), electronic bank transfer (EBT), and check will not be available for withdrawal for 10 calendar days.

How soon can I begin making withdrawals after contributing?
You can withdraw money at any time, but if the withdrawal includes unprocessed assets, your withdrawal will be held until the recent contribution is collected. Contributions by automatic investment plan (AIP), electronic bank transfer (EBT), and check will be held for 10 calendar days.

Can I roll over money from another 529 plan to the Direct Plan?
Yes. Generally, you can roll over your savings for the same beneficiary from an account in one state 529 plan to an account in another state 529 plan without federal tax consequences. However, you can't perform a rollover if such a transfer has already occurred for the same beneficiary within 12 months. Note that there may be state income tax consequences (and in some cases state-imposed penalties) that result from such a rollover.

What do I need to do to complete the rollover?
You can also contribute to the Direct Plan by rolling over assets held in education savings accounts and U.S. savings bonds, but you must have documentation about the principal and earnings of the investments for these outside accounts.

What if the beneficiary doesn't go to college?
If the beneficiary doesn't use the money in the account for college, you can keep the money in your account and use it later for graduate school or other higher education, transfer the balance, with no penalty, to another eligible family member (including a parent, step and half sibling, or, in some cases, an in-law) of the original beneficiary. For a complete list of eligible family members, see page 20 of the Program Brochure and Privacy Policy or withdraw money for non-educational uses. (Pay taxes and penalties--earnings will be subject to federal income tax and an additional 10% federal income tax, as well as state and local income taxes.)

What are qualified higher-education expenses?
To qualify for federally tax-free withdrawals on earnings*, the money must be used to pay for the beneficiary's qualified higher-education expenses at any eligible institution. These expenses include tuition, mandatory fees, books, supplies, and equipment required for enrollment or attendance; certain room-and-board expenses during any academic period the beneficiary is enrolled at least half-time; and certain expenses for a "special needs" student. See IRS Publication 970 for more detailed information on eligible expenses.

* Earnings on nonqualified withdrawals may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes. Tax and other benefits are contingent on meeting other requirements, and certain withdrawals are subject to federal, state, and local taxes.
Savings Bond Reimbursement Application

$25 reimbursement available for savings bond purchased for birth of an Association member’s child. In order to be reimbursed, the member must purchase the bond (available online at www.treasurydirect.gov), attach the receipt for the “Series EE Savings Bond”, fill in this form, and give it to the Chief Sector Steward or Sector Treasurer.

Please note: The bond application must show the child as the primary owner of the bond. The child’s Social Security number is required for the bond application. For privacy purposes, if the member chooses, he/she can black out the number on the bond receipt when submitting it to NYSCOPBA.

Member / Child Information
(To be filled in by the Member applying for reimbursement)

Member’s Name __________________________________
Child’s Name _____________________________________
Child’s Date of Birth ____________________

I have attached a bond receipt and am requesting reimbursement of the $25

By signing here, I verify that the above information is valid and that I have not previously received a savings bond from NYSCOPBA for this child.

Member’s Signature: ___________________________ Date: ______________

SECTOR INFORMATION
(to be filled in by Chief Sector Steward or Treasurer when reimbursing member)

Steward Completing Form _______________ / _______________________
(Print) (Sign)

Member was reimbursed with check # _______________
Dear NYSCOPBA Member,

Voting is perhaps one of the most important things citizens of this country have the right to do. Casting a vote is YOUR chance to be a part of the decision-making process and have a voice in government. That is why we have put together this convenient voter registration guide and application to ensure your voice to be heard.

Remember to take the time to register to vote and be a part of the decision-making process. If you have already registered, pass the form along to a friend or family member. As always, feel free to contact NYSCOPBA any time we may be of assistance.

Sincerely,
NYSCOPBA
Legislative Department
New York State Voter Registration Form

Register to vote
With this form, you register to vote in elections in New York State. You can also use this form to:
- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To register you must:
- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere.

Send or deliver this form
Fill out the form on page 2 of this PDF document and mail it to your county’s address from the list of addresses below, or take the form to the office of your County Board of Elections.
Mail or deliver this form at least 25 days before the election you want to vote in. Your county will notify you that you are registered to vote.

Questions?
Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)
Find answers or tools on our website www.elections.state.ny.us

Verifying your identity
We’ll try to check your identity before Election Day, through the DMV number (driver’s license number or non-driver ID number), or the last four digits of your social security number, which you’ll fill in below.
If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID when you mail this form.
If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文资料：若您有兴趣索取中文资料表格，
请电：1-800-367-8683

한국어: 한국어 양식을 원하시면
1-800-367-8683으로 전화 하십시오.

Mail your completed form to the address for the county in which you reside:

New York City
Executive Offices 32 Broadway, 7th Fl.
New York, NY 10004
(212) 487-5300

Albany
32 North Russell Road
Albany, NY 12206
(518) 437-5060

Allegany
6 Schuyler St.
Belmont, NY 14813
(716) 283-9294

Albany
Executive Offices
Albany, 12206
(518) 445-4700

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Belmi...
New York State Voter Registration Form (See instructions on page 1)

<table>
<thead>
<tr>
<th>Qualifications</th>
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<tbody>
<tr>
<td>1 Are you a citizen of the U.S.?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If you answer No, you cannot register to vote.</td>
<td></td>
</tr>
<tr>
<td>2 Will you be 18 years of age or older on or before election day?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If you answer No, you cannot register to vote unless you will be 18 by the end of the year.</td>
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<table>
<thead>
<tr>
<th>Your name</th>
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<tbody>
<tr>
<td>3 Last name</td>
<td></td>
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<tr>
<td>First name</td>
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<table>
<thead>
<tr>
<th>More information</th>
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<tbody>
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<td>4 Birth date</td>
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<tr>
<td>W MM DD YYYY</td>
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<thead>
<tr>
<th>The address where you live</th>
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<tbody>
<tr>
<td>7 Address (not P.O. Box)</td>
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<tr>
<td>Apt. Number</td>
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<tr>
<td>City/Town/Village</td>
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<tr>
<th>The address where you receive mail</th>
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<tr>
<td>8 Address or P.O. Box</td>
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<tr>
<td>P.O. Box</td>
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<tr>
<td>City/Town/Village</td>
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<tr>
<th>Voting history</th>
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<tbody>
<tr>
<td>9 Have you voted before?</td>
<td>☐ Yes ☐ No</td>
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<thead>
<tr>
<th>Voting information that has changed</th>
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<tr>
<td>11 Your name was</td>
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<td>Your previous state or New York State County was</td>
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<tr>
<th>Identification</th>
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<tr>
<td>12 ☐ New York State DMV number</td>
<td></td>
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<tr>
<td>☐ I do not have a New York State driver’s license or a Social Security number.</td>
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<tr>
<td>☐ I do not wish to enroll in a party</td>
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<tr>
<th>Political party</th>
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<tr>
<td>13 ☐ Democratic party</td>
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<tr>
<td>☐ Republican party</td>
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<tr>
<td>☐ Conservative party</td>
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<td>☐ Working Families party</td>
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<td>☐ Independence party</td>
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<td>☐ Green party</td>
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<td>☐ Other</td>
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<th>Optional questions</th>
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<tr>
<td>14 ☐ I need to apply for an Absentee ballot (optional).</td>
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</tr>
<tr>
<td>☐ I would like to be an Election Day worker (optional).</td>
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<th>Affidavit: I swear or affirm that</th>
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<tr>
<td>☐ I am a citizen of the United States.</td>
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<tr>
<td>☐ I will have lived in the county, city or village for at least 30 days before the election.</td>
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<tr>
<td>☐ I meet all requirements to register to vote in New York State.</td>
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<tr>
<td>☐ This is my signature or mark in the box below.</td>
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</tr>
<tr>
<td>☐ The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.</td>
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<td>Date</td>
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If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH) Donate Life™ Registry online at www.nyhealth.gov or complete the form below and mail it in with your Voter Registration Form.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

By signing below, you certify that you are:

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Last name

First name

Middle Initial

Suffix

Address

Apt. Number

City

Birth date

Sex

Eye color

Height

Zip code

Sign

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Member Discounts

Automotive Discounts

NYS DMV approved Defensive Driving Course for $20! - You may take the course in as many sessions as you want. Get started and save 10% on your auto insurance. Enter discount Promo Code "NYDD20" during registration.

Dunn Tire - Present your NYS employee ID or this FLYER and any Dunn Tire location to receive discounts

AVIS Rental Cars - Up to 10% off regular rates and up to 5% off promotional rates. Go to any AVIS location, call 800-230-4898 (Use our code T457400), or visit the our custom AVIS Online site. Weekly Rental Coupon - Weekend Rental Coupon

Budget Car and Truck Rental - 5% - 10% discount. Go to any Budget location, call 800-527-0700, or go to www.budget.com. Use the code X319400 to take advantage of the member discount. Weekly Rental Coupon - Weekend Rental Coupon

National Car Rental - 10% off any rental. Go to any National location, call (877) 222-9058, or visit the go to https://www.nationalcar.com/. Use our CONTRACT ID 24H3615 for the member discount.

Enterprise Rent a Car - 10% off any rental. Go to any Enterprise location, call 800-736-8227, or visit www.enterprise.com. Use Corporate Number 24H3615.

Hertz Member Program - 10% discount. Go to any Hertz location, call 800.654.3131, or visit www.hertz.com. Use our code CDP#1463226 to take advantage of the member discount.
Computer Discounts

**NYSCOPBA and Dell** have teamed up to offer 10%-30% discount (depending on models chosen) off the purchase of select Dell systems, free shipping on systems $699 and up and more. Go to www.dell.com/mpp/nyscopba or call 800.6958133 and use the member ID SS41697397.

You can save between to 8 - 25% off on Apple products such as the iMac, PowerBook and PowerMac. Go to http://store.apple.com/us/go/eppstore/newyork or call 800-MY-APPLE (800-692-7753). **Identify yourself as a NYS employee.**

Entertainment Discounts

**Sterling Renaissance Festival** in Sterling NY- Corporate Discount Program.

July 5 - August 17, 2014 10:00 am - 7:00pm

You may purchase your tickets at the door or online at www.empireattractions.com.

Single ticket purchases and Early Bird tickets are available via online ordering through the respective website. Please note that for opening weekend at the Renaissance Festival (July 5 & 6) it is cheaper to purchase tickets at the window, they are buy one Adult at regular price get one Adult ticket 50% off OR buy one Adult ticket at regular price and get one Child (5-12) for free.

**Darien Lake Theme Park Resort** - Darien Center, NY

2014 Darien Lake Direct
Sylvan Beach Amusement Park - Corporate Discount Program.
You may purchase your tickets at the door or online at www.empireattractions.com. Single ticket purchases and Early Bird tickets are available via online ordering through the respective website.

North Pole, Home of Santa's Workshop - Corporate Discount Program. $17.95 Adult, $15.95 Child (ages 2-16) and $15.95 Seniors (65+). You may purchase your tickets at the door or online at www.empireattractions.com. Use our discount code SWS12NYSCOPBA.

The New Oswego Speedway - Offers NYSCOPBA Members a $5 coupon off the gateprice.

Bromley Mountain, VT - Sun Mountain Adventure Park - Manchester Center, Vermont. A summer adventure park and winter snow park. Click here to download Admission Coupon (one coupon good for up to 4 people).

WW Durant Raquette Lake Navigation Company - Offering our members $3 off Luncheon Cruises or $1 off Excursion Cruises.
**Busch Entertainment - Discount coupon** on admission to SeaWorld San Diego, SeaWorld Orlando, SeaWorld San Antonio, Busch Gardens Williamsburg, Busch Gardens Tampa Bay, Adventure Island, Water Country USA and Sesame Place. Click [here](#) and print the coupon! NYSCOPBA has joined the Shamu Club and Club Busch Gardens, corporate membership programs of the Anheuser-Busch Adventure Parks, offering special savings and vacation deals to SeaWorld San Diego, SeaWorld Orlando, SeaWorld San Antonio, Busch Gardens Williamsburg, Busch Gardens Tampa Bay, Adventure Island, Water Country USA and Sesame Place. Admission discounts, exclusive offers and special events for Club members are all available online! To take advantage of these special offers, click the link below and use the **company code** 83179.

### Home Service Discounts

**North American Van Lines** - Union families qualify for exclusive savings on professional moving services from an industry leader. Receive up to $50,000 of full replacement protection, $0 deductible ($486 savings!), and discounts on interstate and storage in transit moving services. For a free estimate and to qualify for discounts, call 800-524-5533, email [info@movingnavl.com](mailto:info@movingnavl.com), or visit [http://www.unionplusmoving.com/](http://www.unionplusmoving.com/) to learn more. Let Our Family Move Yours!

**ALLIED VAN LINES** - Union members are entitled to preferred discounts on interstate moving and storage in transit services. Members receive a free upgrade to double insurance coverage at no charge, on all purchased Full Replacement Protection policies. For a free, no obligation quote, call 800-871-8864, email [info@movingallied.com](mailto:info@movingallied.com), or visit [http://www.unionplusmoving.com/](http://www.unionplusmoving.com/) - Relax. We Carry the Load.
**MOVING SUPPLIES** - Doing your own packing? Union members can save money and receive FREE shipping on all moving supply orders. Members can also qualify for a FREE heavy duty tape gun on any order over $50. Simply, add a tape gun to the shopping cart, and apply the coupon code, "TAPEGUN". Click [here](#) to find out more.

**Citizens Action Fuel Group** - Non-profit fuel-buying group. NYSCOPBA membership fees are reduced from $25 per year to $5 lifetime fee. Fuel prices vary, however CAG offers prices that range $.05 -$.15 per gallon less than regular retail price. Call 800.559.4645, email cafg@citizenactionny.org or visit [www.cafg.org](http://www.cafg.org).

**Lodging Discounts**

Members SAVE 15% at over 5,000 Choice Hotels International® properties! Book online at [www.choicehotels.com](http://www.choicehotels.com), call 800-258-2847 and use the NYSCOPBA Rate Identification #00802143. You must make your reservations in advance.

**The Fort William Henry Resort & Conference Center** - Lake George, NY - Special Discount Code: HOTDEALS

**Sheraton Universal** - Universal City, CA, union discount 35%.

Call [818.509.0888](tel:8185090888) and identify yourself as a union member.

**Wilshire Grand** - Los Angeles, CA, Union discount 48%.

Call 213.612.3900 and use discount code: **UNPLUS**.
**Shopping Discounts**

**Sams Club** - Receive a $25 Sam’s Club Membership Certificate when you join or renew as a Plus Member. Receive a $10 Sam’s Club Membership Certificate when you join or renew as an Advantage Member.

**Galls** - 15% member discount with Galls. To take advantage of the discount [click here!](#)

**Sporting Discounts**

**Adirondack Rafting Company** - NYSCOPBA Members receive a $5 discount off the regular price of $75. Request discount when booking trip and show your union card on arrival.

**Hunter Mountain** - Offers a $10 discount off any full day lift ticket to Law Enforcement Personnel. Present your NYS ID at the ticket counter.

**Belleyre Mountain** - Offers a $6 discount off any full day lift ticket to Union members. Present your NYS ID at the ticket window.

Get 10% off at Genesee, Livingston, Orleans and Wyoming county YMCA's. [Flyer - Application - Web Site](#)
Phone Discounts

**Verizon discount** on plans $34.99 and up, 25% off of accessories and 19% off your monthly bill. Take a pay stub to a Verizon Store and identify yourself as a **NYS EMPLOYEE**. Your employer is the agency you work for.

**Please Note: This is a NYS Employee discount, not a Union negotiated discount. This discount only applies to Active NYS Employees.**

**Verizon FiOS discount** - The Verizon Connections program offers discounts on residential FiOS and DIRECTV service bundles to NYSCOPBA members. The program provides employees with a discount over and above other consumer offers, resulting in the best price available on Verizon TV, Home Phone and Internet service bundles. Go to [verizon.com/connections](http://verizon.com/connections)

Instructions: Click on the "I Don't Have a Work Email Address?" Enter NYSCOPBA as the employer name, follow prompts to submit proof of union membership (copy of paystub showing union dues or union membership card).

Information on [Union Enrollment](http://www.nyemployeedeals.com/)

**AT&T offers NYS employees** a 20% discount off their monthly bill as well as special equipment pricing. Call 888-444-4410, press prompt 2, then O. Enter the **Foundation Account Number (FAN) 45222**. Enter the mobile number, then Press prompt 2. You can also visit [att.com/wireless/metronystategovt](http://www.wireless.att.com/find-a-store/) or find a store at [http://www.wireless.att.com/find-a-store/](http://www.wireless.att.com/find-a-store/).


Existing customers please call 877.453.8824. For additional information, please visit: [http://www.nyemployeedeals.com/](http://www.nyemployeedeals.com/)
Sprint/Nextel discount—Discount of 22% off select Sprint and Nextel plans. Go to the Sprint/Nextel Store.

- Sprint Flyer
- Request for Discount Form
- Sprint / NYSCOPBA GPO Info. Flyer

If you need additional assistance, please contact Guy Lister, Wireless Benefit Manager at:
Cell 315-952-5060
e-mail: guy.lister@sprint.com

Working Advantage

With Working Advantage, you can save on movie tickets, Broadway Theatre, theme parks, sporting events, family events, online shopping, gift certificates, seasonal ski tickets and more! To sign up, go to http://www.workingadvantage.com/ and click on register, click employees, and enter member ID# 970929129. You may also call 800.565.3712. Enjoy the savings!

For Additional Information, please visit the NYSCOPBA website at:
http://www.nyscopba.org/discounts