

**NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF SCHOOL FACILITIES
OFFICE OF BUILDING SERVICES**

June 28, 2016

OFFICE OF BUILDING SERVICES CIRCULAR NO. 9 – 2015/16

NOTE: All circulars are to be kept in a permanent file

TO ALL CUSTODIAN ENGINEERS

Cancellation of New York State Insurance Fund Workers' Compensation Accounts

As part of the transitioning of custodial employees to the NYC School Support Services, Inc. (NYCSSS), custodian engineers will be required to cancel their workers' compensation insurance policies effective August 12, 2016 at 12:01AM.

In an effort to provide a smooth transition, the Division of School Facilities and the New York State Insurance Fund (NYSIF) have created a simplified process by which to cancel your policy.

The attached form letter is to be completed electronically, printed, signed and hand delivered to your deputy director of facilities at check stub distribution this Thursday, June 30th. The Division of School Facilities will compile all completed form letters and deliver them to the NYSIF.

Note that you will soon be receiving a policy statement from NYSIF for the upcoming insurance year. You are to ignore this statement. Once NYSIF receives your cancellation letter via the Division of School Facilities, a revised statement reflecting these changes will be mailed to you. You are to remit payment to the NYSIF for the revised amount.

On or about August 12, 2016, you are to contact your NYSIF representative and request an expeditious payroll audit for both the current insurance year (8/1/2015 to 7/31/2016) and the upcoming insurance year (8/1/2016 to 8/12/2016).

All refunds generated from these audits are to be deposited into your HSBC/DOE checking account. A copy of the NYSIF refund check and statement, along with your HSBC/DOE check for the same amount as the refund, are to be mailed to Office of Field Operations at 44-36 Vernon Boulevard, LIC, NY 11101, Attn: Mr. Mark Voros. This check is to be made payable to the NYC Department of Education.

John T. Shea

*Chief Executive Officer
Division of School Facilities*

Date:

Name:

Billing Address:

Phone #:

NYSIF policy#:

The State Insurance Fund
199 Church Street
New York, New York 10007

Dear Fund Representative,

Please cancel policy # effective August 12th, 2016, 12:01AM.

Cancellation reason: "NO EMPLOYEES".

Thank you,

Signature

Print Name