



# ORGANIZATION OF STAFF ANALYSTS

220 EAST 23rd STREET - SUITE 707  
NEW YORK, NEW YORK 10010  
TEL.: (212) 686-1229 • FAX: (212) 686-1231  
WEB: WWW.OSAUNION.ORG  
HOTLINE: (646) 233-5100



## EXECUTIVE BOARD OSA

*Chairperson*  
Robert J. Croghan

*Vice-Chairperson*  
Michael Daflos

*Treasurer*  
Wilfrid St. Surin

*Grievance Officer*  
Adam Orgel

*Corresponding Secretary*  
John Mazzarella

*Recording Secretary*  
Stephen Parker

*Delegates at Large*  
Esther Blount  
Ronald Lehman  
Viviana Matwichuk

## OSART

*Chairperson*  
Robert J. Croghan

*Vice-Chairperson*  
Jeanne O'Sullivan

*Treasurer*  
Alice Moise

*Grievance Officer*  
Stephen Werner

*Corresponding Secretary*  
Tony Lee

*Recording Secretary*  
Jay W. Warshofsky

*Delegates at Large*  
Jeanette Emmarco  
John Harper  
Dolores Parson

*Executive Director*  
OSA/OSART  
Sheila Gorsky

*Ex Officio*  
Naomi Aice  
Thomas Anderson  
Elizabeth D'Aversa  
Joan Doheny  
Stephen Gregor  
Kathleen Gray  
Al Milton  
Maude Oliver  
Mary Ellen O'Connell  
Michael Schady  
Sandra Thompson-Reid  
Josephine Valentin  
Kimberly Vann

## Dear New OSA Member:

**CONGRATULATIONS! Welcome to the Organization of Staff Analysts, your new union.** You are now covered by the OSA Welfare Fund. If you joined our union after a title change from another City job, you are no longer covered by your previous union's welfare fund or the Management Benefits Fund.

If you are not currently enrolled in the optional drug rider on your basic City health plan, **you should enroll now, since the OSA Welfare Fund does not include drug coverage.**

This letter outlines the materials posted under the headline "New Members - Read This" on the opening page of the "Member Services" section of the union's website at [www.osaunion.org](http://www.osaunion.org).

**If you received this letter in the mail,** please complete and email all of the forms enclosed to George Morgan at [gmorgan@osaunion.org](mailto:gmorgan@osaunion.org) or mail them to Organization of Staff Analysts, Attn: George Morgan, 220 East 23<sup>rd</sup> Street, Suite 707, New York NY 10010.

**If you are reading this letter on our website,** please print out all of the material for your files and complete and email/mail the forms marked with an asterisk (\*) to George Morgan.

Review the following list and the information below to learn more about your benefits. All of these items are available on our website.

- 1.+ **OSA Dues Checkoff Authorization Card** - Sign this card to become a voluntary union member with the right to vote on contracts and for union officers. You can also sign a card digitally on the OSA website by clicking "Sign An OSA Membership Card" on the front page of the site.
- 1 a. **"Why Join A Union" Flyer** - Information on the value of joining your union.
2. **OSA Welfare Fund Benefits Booklet** - An overview of OSAWF benefits.
- 2 a. **"OSA's Excellent Benefits Part 2"** - Other union benefits and services.
- 3.\* **OSA Welfare Fund Vital Data Sheet** - A form to provide the OSA Welfare Fund with information about yourself and your dependents.
- 4.\* **Civil Service Salary Info Form** - Help us ensure that your salary is correct.
5. **Dental Claim Form** - For non-participating dental providers.
6. **Participating Dentist Instructions** - How to find a participating dentist.
7. **Vision Benefits Brochure**
- 8.\* **Basic Life Insurance Beneficiary Form** - Name your beneficiary(ies) for the free basic life insurance provided by the Welfare Fund.
- 9.+ **Winston Financial Short Term Disability Plan Information**
10. **Winston Financial Disability Accident Rider Flyer**
11. **HIPAA Notice** - How we handle your personal information.
12. **Notice For OSA's Phone Hotline and the OSA Website.**
13. **Summary Guide to the OSA Website**
14. **Optional Term Life Insurance:** You will separately receive a packet with information on how to purchase this optional insurance.
15. **Young Adult Dependent Welfare Fund Coverage:** On the next page, we provide information about Welfare Fund options for young adult dependents. Those 19-26 may be automatically covered. Those 26-29 may purchase coverage.

**Starred (\*) items must be returned. Items marked with a (+) sign are elective. More on the other side.**

**Citywide Contract/OSA Unit Agreements:** They are posted on the website under Member Services, Contract Highlights. The current Citywide agreement (2001-21) and the current and past unit agreements and memoranda of understanding are posted there, including the separate agreements for the Transit Authority and OSA's Uniformed Services unit.

**OSA Dues Checkoff Deduction Card (#1):** You can complete, sign and return the Dues Card you received in the mail. You can also click the blue "Sign An OSA Membership Card" button on the main website page at [www.osaunion.org](http://www.osaunion.org) to sign a digital dues card. Why sign a dues card? If you are a member, you have a say in how the union negotiates your wages and benefits, the demands it makes at contract time, and whether or not to accept the terms and conditions negotiated. You have a say in who represents you in negotiations and in electing officers. By joining the union, you become one of us. You also send a message to the City that you believe in a strong union. For more, look at the flyer (**#1a**) which discusses the importance of union membership.

**OSA Welfare Fund Vital Data Sheet (#3):** We ask for basic information about you and your dependents. This sheet should be completed and returned.

**Dental Benefits:** You do not need to use the OSA Dental Claim Form (**#5**) if you use a participating provider, but you do need to use it if you use a non-participating provider. (See the OSA Welfare Fund benefits booklet for details on each type of provider.) There may be a \$50 deductible if you use a non-participating provider. OSA does not have a printed list of participating providers. Please call ASO/SIDS at 1-800-537-1238 or visit [www.asonet.com](http://www.asonet.com) to locate suitable providers geographically and by practice specialty.

**Optical Benefits:** An ID card is not necessary to obtain service, but DavisVision normally mails an ID card to new OSAWF members. If you want an ID card and have not received one, please call DavisVision. If you choose to use a non-participating provider, you will need a Direct Reimbursement Claim Form. Call OSA for one or download it from the "OSA Welfare Fund Forms" section of the website. OSA does not have a printed list of participating providers. Please call Davis Vision at 1-800-999-5431 for the participating provider(s) nearest you or go to the DavisVision website ([www.davisvision.com](http://www.davisvision.com)), also accessible from a link on the "Welfare Fund Benefits" page under "Member Services."

**Superimposed Major Medical Benefits:** a form is available on request from the union at 212-686-1229 or on the union website under "OSA Welfare Fund Forms." The benefit is designed for uncommon situations. If your medical bills are very high, in any

one calendar year, and your health plan (GHI, HIP etc.) has not fully reimbursed you, the SMMP can be a big help. There is a deductible. For more info, read the appropriate section of the **OSA Welfare Fund Booklet (#2)**.

**Optional Drug Rider:** The OSA Welfare Fund does not include basic coverage for prescription drugs. If you were previously in a union with drug coverage, please be sure your health plan includes that coverage, either in the basic plan or with the addition of a drug rider. For active employees and non-Medicare retirees, the Superimposed Major Medical benefit will cover up to 90% of uncovered customary and reasonable drug costs, after an out-of-pocket deductible.

**Long Term Disability:** You may be eligible for LTD if you are out of work due to illness for 6 months. If you are on medical leave, please call OSA for further information.

**Short Term Disability:** The Short Term Disability benefit (**#9**) offered by Winston Financial is available through voluntary payroll deduction. The plan covers the member for the first 6 months, before OSA's Long Term Disability benefit takes effect. If you wish to apply, call Winston Financial at (800) 347-6071. More information is available on [www.osaunion.org](http://www.osaunion.org) under "Member Services" and "Additional Benefits." Also see the flyer on the **Disability Accident Rider (#10)** which pays \$800/month, up to 6 months.

**Basic Life Insurance:** OSA's Welfare Fund provides \$50,000 worth of FREE life insurance for active employees under 65! As with all life insurance, a beneficiary MUST be designated. Please complete, sign and return the **Basic Life Insurance Form (#8)**.

**(Optional) Group Term Life Insurance:** You may purchase Optional Group Term Life Insurance through Lincoln Financial. You will receive information about this insurance separately from the company. If you are covered through the MBF or another benefit program and wish to maintain your coverage, please contact your insurance company to discuss your options.

**Young Adult Dependent Option:** Married or unmarried Young Adult Dependents between the ages of 19 and 26 may be automatically covered by the OSA Welfare Fund at no additional cost. In addition, unmarried Young Adult Dependents aged 26 to 29 are able to purchase individual Welfare Fund benefits coverage, provided the necessary 26-29 YAD form is completed and payments are made in three month cycles. Forms are available on the union's website at [www.osaunion.org](http://www.osaunion.org) by clicking on "Member Services" and then "Welfare Fund Forms."

See additional information in the OSA Welfare Fund Booklet. And, welcome to OSA!

Sincerely,

Sheila Gorsky

Executive Director

## OSA's EXCELLENT BENEFITS PT 2

On the back of the new member letter enclosed in this package, we outline some of the key OSA Welfare Fund benefits. Below, we provide a brief summary of OSA benefits not outlined in that letter, along with services the union provides. Even more details about OSA's benefits can be found in the OSA Welfare Fund booklet which you can download from the OSA website at <https://www.osaunion.org>. Click on Member Services. A link to the Fund booklet appears on that page.



### BENEFITS:

- **AUDIOLOGY:** \$1,500/ear for hearing aids and audiometric examinations during a 24 month period.
- **CATASTROPHIC BENEFIT & DRUG COVERAGE:** 90% of all customary and reasonable out-of-pocket costs (including prescription drug costs for actives and non-Medicare retirees) per covered person up to \$20,500 and 100% thereafter. \$500 deductible, \$2,000 for those without a drug rider.
- **LONGEVITY INCREMENT:** Contractually negotiated longevity increments occur at 10, 15 & 20 years of City service in pay status.
- **SURVIVOR BENEFIT:** 36 months - includes dental, vision, and basic COBRA medical premiums (GHI, HIP, AETNA, etc.)
- **DIGITAL CHIEF:** We provide members with a free subscription to the digital version of THE CHIEF, the weekly civil service newspaper, on request.
- **LEGAL SERVICES PLAN:** \$19.95/month. Voluntary MetLaw legal services plan to assist with non-employment related legal matters, including family law, real estate, elder law, and estate planning.

### SERVICES:

- **GRIEVANCE REPRESENTATION:** Full representation in disciplinary proceedings, contractual grievances and other employment legal matters.
- **HEALTH & SAFETY:** Inspections of new and reopened facilities, along with response to complaints of specific problems to ensure environmentally safe and healthy work locations for members.
- **OSA WEBSITE:** The latest news and union-related events and issues affecting members. [www.osaunion.org](http://www.osaunion.org)
- **WEEKLY HOTLINE:** Phone message updated weekly with union-related news. 646-233-5100
- **PENSION COUNSELING:** Annual seminars for members on the ins and outs of the pension tiers. We also offer individual pension counseling upon request.
- **TRAINING:** Courses and preparation for Civil Service examinations in titles represented by our union; seminars on civil service, math, statistics, public speaking and other topics of relevance to our titles.
- **CIVIL SERVICE LIST MONITORING:** We monitor the list movement of the Civil Service titles that we represent, attending promotional and open competitive hiring pools and providing counseling to candidates.
- **RETIREES CLUB (OSARC):** Monthly meetings are held with guest speakers on a variety of topics of interest to civil service retirees, as well as day trips to local events and places of interest.
- **LIFE STATION MEDICAL ALERT SYSTEM:** Reduced rates on advanced medical alert system service.

# ORGANIZATION OF STAFF ANALYSTS WELFARE FUND VITAL DATA SHEET

<b>Member's Name</b>	<b>Social Security No.</b>
<b>Street Address</b>	<b>City/State/Zip</b>
<b>Office Phone No.</b>	<b>Home Phone No.</b>
	<b>Cell Phone No.</b>
<b>Job Title</b>	<b>Agency</b>
<b>Start Date in OSA-Represented Title</b>	<b>Date of Birth</b>
	<b>Email Address</b>

<b>Emergency Contact</b>	<b>Emergency Contact's Phone No.</b>

<b>Member's Medical Coverage</b> (if GHI indicate type)	<b>Previous Welfare Fund, If Any:</b>
<i>Please enclose a copy of current basic health card.</i>	

## DEPENDENT INFORMATION (Please enclose copies of birth certificates and marriage license.)

<b>Spouse's Name</b>	<b>Birthdate</b>	<b>Social Security No.</b>
<b>Spouse's Medical Coverage</b> (if GHI indicate type)		
Please enclose copy of Spouse's current basic health card.		
<b>Child's Name</b>	<b>Birthdate</b>	<b>Social Security No.</b>
<b>Child's Name</b>	<b>Birthdate</b>	<b>Social Security No.</b>
<b>Child's Name</b>	<b>Birthdate</b>	<b>Social Security No.</b>
<b>Child's Name</b>	<b>Birthdate</b>	<b>Social Security No.</b>

**NOTE:** If you have a dependent child aged 19 or older and you wish to maintain Welfare Fund coverage for him/her (under federal law to age 26 or state law to age 30), please read the information about the two Young Adult Dependent options for continued Welfare Fund coverage included in the informational packet that accompanied this form. Forms and information can also be downloaded from the "Welfare Fund Forms" page in the "Member Services" section of the OSA website at [www.osaunion.org](http://www.osaunion.org). The applicable form must be completed and returned, along with a copy of the child's birth certificate, as well as this Vita Data Sheet.

<b>Signature</b>	<b>Date</b>



# GROUP INSURANCE BENEFICIARY CARD

Please Complete, Sign and Mail to: Organization of Staff Analysts Welfare Fund  
220 East 23rd Street - Suite 707 - New York NY - 10010

Employee/Retiree's Name	<input type="checkbox"/> Married	Gender:
Last Name:	<input type="checkbox"/> Single	Date of Birth:
First Name:	<input type="checkbox"/> Widowed	
Middle Name:	<input type="checkbox"/> Divorced	
Home Address (No & Street):	City/State:	Home Phone:
Email:	Zip:	Cell Phone:

Beneficiary #1		Beneficiary #2 (if any)	
Full Name	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Full Name	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Street Address	City/State/Zip	Street Address	City/State/Zip
Social Security Number	Benefit Percentage	Social Security Number	Benefit Percentage
	%		%
Birth Date (mo/day/yr)		Birth Date (mo/day/yr)	
Beneficiary Phone No.:	Email	Beneficiary Phone No.:	Email

DATE	SOCIAL SECURITY NUMBER	EMPLOYEE/RETIREE SIGNATURE (Do Not Print)

We require an original signature on this form. Please mail it back to the address at the top.  
Please note: If any of the information above is missing, this form will be returned to you for completion.  
Please retain a copy for your records.  
Need space for additional beneficiaries? Please use the boxes on the back of this form.

Beneficiary #3 (if any) Full Name		<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary <input type="checkbox"/> Secondary Contingent Beneficiary		Beneficiary #4 (if any) Full Name		<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary <input type="checkbox"/> Secondary Contingent Beneficiary	
Street Address		City/State/Zip		Street Address		City/State/Zip	
Social Security Number		Benefit Percentage		Social Security Number		Benefit Percentage	
		%				%	
Birth Date(mo/day/yr)				Birth Date (mo/day/yr)			
Beneficiary Phone No.		Email		Beneficiary Phone No.		Email	

Beneficiary #5 (if any) Full Name		<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary <input type="checkbox"/> Secondary Contingent Beneficiary		Beneficiary #6 (if any) Full Name		<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary <input type="checkbox"/> Secondary Contingent Beneficiary	
Street Address		City/State/Zip		Street Address		City/State/Zip	
Social Security Number		Benefit Percentage		Social Security Number		Benefit Percentage	
		%				%	
Birth Date (mo/day/yr)				Birth Date (mo/day/yr)			
Beneficiary Phone No.		Email		Beneficiary Phone No.		Email	





ORGANIZATION OF STAFF ANALYSTS  
CIVIL SERVICE AND SALARY INFORMATION

NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

AGENCY \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CITY START DATE \_\_\_\_\_ PREVIOUS UNION \_\_\_\_\_

PREVIOUS TITLE :

PROVISIONAL \_\_\_\_\_

PERMANENT \_\_\_\_\_

OSA START DATE \_\_\_\_\_

CURRENT OSA TITLE :

PROVISIONAL /\_/

PERMANENT /\_/ EXAM /\_/ 6.1.9. /\_/

SALARY \$ \_\_\_\_\_ plus LONGEVITY \$ \_\_\_\_\_

In order to assure your salary is correct, please mail in enclosed return self-addressed stamped envelope or fax to 212-686-1231 or 212-686-1073



**ORGANIZATION OF STAFF ANALYSTS**  
**Membership and Dues Checkoff Authorization**

Name of Employee (print): \_\_\_\_\_

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Employee ID# \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Subject to the terms and conditions set forth in the Mayor's Executive Orders, dated May 15, 1969 and December 29, 1986, as amended, to which terms and conditions I consent and agree, I hereby authorize the City of New York to deduct in each regular payroll from my salary or wages the sum of .007 of gross and to pay over said sum to the employee organization checkoff committee described in said order in payment of my dues to the above captioned employee organization, on condition that said employee organization through said committee, pay to the City of New York all costs and expenses determined by the City of New York as incurred by the City in connection with carrying out the plan authorized by said order. There shall be no change in the rate of dues deductions without due prior notice to the undersigned employee member. This authorization can be revoked by written, signed notice to my agency.

\_\_\_\_\_  
**Signature of Employee**

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

**DEAR OSA MEMBER:**

By signing this card, you become a voluntary union member and gain full democratic rights in how you are represented. Only those who sign this card are entitled to vote on union contracts and for union officers. So, please complete, sign and electronically submit this card.



**WEINGARTEN RIGHTS**

If you are called to a meeting with management in which you have a reasonable belief that the content of the meeting could be used as a basis for discipline or other adverse action, read the statement below out loud. You must ask for union representation either at the beginning or during the meeting:

***I REQUEST UNION REPRESENTATION. If this meeting could lead to my being disciplined or terminated or adversely affect my personal working conditions, I respectfully request that my union representative be present. Until my representative arrives, I choose not to answer any questions.***

**THIS STATEMENT COULD SAVE YOUR JOB**