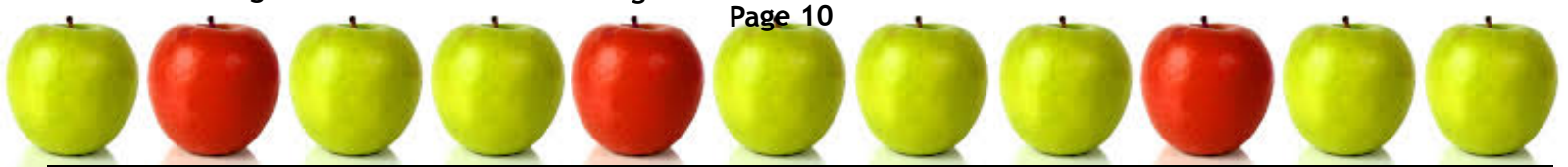


THE UNITED NEWSLETTER

LOCAL 15-175 NYSUT LOCAL 3072 AFT

September 2017

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From The Desk of the President

Good Day Members,

I hope the new school year is starting off well for you.

NYSUT has asked that all its' Local Union Presidents inform their Members of the New York State Constitutional Convention (aka ConCons) and the reason we oppose a positive vote. On Tuesday, November 7, 2017 (Election Day), New Yorkers will vote on whether or not to spend millions of dollars to hold a State Constitutional Convention.

Every 20 years, on Election Day, voters are asked to answer this ballot question: "Shall there be a convention to revise the Constitution and amend the same?"

NYSUT believes that a Constitutional Convention will hurt the hardworking men and women in New York who, as you know, are already struggling to pay their bills and raise their families.

A Constitutional Convention will weaken workers' rights and protections. Pensions, as well as collective bargaining, and care and benefits for injured workers could all be on the chopping block.

Once the Convention meets, anything in the Constitution could be changed. Therefore, it is critical that we, as Union Members, communicate and educate ourselves, your family, friends and colleagues, and ask everyone to Vote "NO" to a Constitutional Convention. Otherwise Union workers, retirees, those seeking employment will certainly suffer irreparable damage.

I have included a link to the New York Constitutional Convention website, that will provide more information. www.nysut.org/concon (see page 8 for additional Information)

As you may be aware, our Local Union filed an "Improper Practice Charge" against PNW BOCES Board, due to the highly egregious Attendance Interviews which took place during Spring 2017. A "Notice of Claim" was served to PNW BOCES Board in late-June. This allowed time for the PNW BOCES Board to bargain a resolution with our Local Union, prior to court proceedings. Our NYSUT Attorney and PNW BOCES's Attorney did have a discussion, however, no meaningful resolution was reached.

Currently our Local Union is awaiting a court date with the NYS Public Employees Relation Board. I will update you as soon as I receive more information.

In Solidarity,
Doug Andreotti



Know Your Contract

SECTION IX - PERSONAL BUSINESS LEAVE

Personal leave requests must be entered 3 days in advance of the requested day. If due to an emergency you are not able to do so then you are entitled to one compelling personal emergency day per school year.

Using Personal Leave Days

Personal leave is for events that cannot be handled outside the work day. Such events would be for a funeral, illness in the immediate family, religious observance, a legal matter and doctor's appointments that cannot be scheduled after work hours.

Personal leave before or after a holiday may be approved at the sole discretion of the Director of Human Resources and Professional Development.

If a personal leave request is not entered 3 days in advance and you have used your 1 compelling personal emergency day then you will be asked to provide documentation.

SECTION XXXVII - SICK LEAVE

Sick leave is granted at the beginning of the school year. Up to 5 of those sick days can be used to care for a family member. If an employee is out sick 3 or more consecutive days' upon return the employee may be required to submit a physician's statement to support their time out.

Please see your program representative if you have any questions. If you need a copy of the United Staff Association Contract, please email Douglas Andreotti at dandreotti@pnwboces.org



USA Welfare Fund Information:

United Staff Association Welfare Fund Benefits Summary

Members of the United Staff Association are eligible for Welfare Fund benefits at no cost. Limited benefits are available to your spouse, domestic partner, and eligible dependents. Select legal fund benefits are available to parents and parent-in-laws. If you work over 15 hours per week, you are eligible for full benefits. If you work 15 hours or less per week, you are eligible for half of the self-insured benefits and are not covered for life and long term disability insurance. All members are eligible for Legal Services benefit.

DENTAL BENEFIT: (member only):\$3000 maximal benefit per calendar year

preauthorization is required for expenses greater than \$600

**Family Dental Coverage is offered for an annual premium of \$950/year with restrictions on enrollment and utilization of benefits if you do not enroll for Family Dental upon hire or within 60 days of a status change

SPOUSAL/Domestic Partner DENTAL BENEFIT: Limited to routine cleanings, office visits and x-rays up to \$200 maximal per calendar year

OPTICAL BENEFIT: \$450 for member per calendar year
\$300 for dependents (spouse, eligible children) per calendar year

VARIABLE BENEFIT: \$600.00 maximum per family per calendar year to assist in certain out-of-pocket expenses. Submission of this benefit is allowed only when the amount is \$25.00 or more.

This is a supplemental benefit and therefore items or procedures not covered under the primary plan are not covered by this benefit. This benefit can only be used to supplement the Dental and Optical benefits covered by the Fund.

Claim forms can be obtained via the secured website – www.dhcook.com, in the main office of your building, from building representatives, or by calling (914) 250-0700

LIFE INSURANCE: Benefit is 100% of your salary rounded to the next higher \$1,000 with minimum coverage of \$5,000 and maximum coverage of \$150,000. First Unum Life Insurance Company, 99 Park Avenue, 6th floor, New York, NY 10016. To update or review your beneficiaries contact the FUND Office at (914) 250-0700 or email at support@dhcook.com.

LONG TERM DISABILITY INSURANCE: Maximum per week (60% of salary). First Unum Life Insurance Company.

LEGAL SERVICES BENEFIT includes representation in civil matters as well as general legal matters. Benefits include but are not limited to legal defense, matrimonial proceedings, adoption, personal bankruptcy, change of name, homeowner's rights (real estate transactions), general consultation, document review, will, living will, health care proxy, power of attorney, planning for elderly, probate and estate administration, personal injury, arraignment assistance via telephone, consumer protection, identify theft protection, estate planning, and prenuptial agreements.

Certain legal service benefits are also extended to parents and/or parent-in-laws of covered members.

Consultations and select legal services are at no cost with very low fees for other covered benefits. The attorneys are available for consultation on the first Monday of each month during the school year and by appointment during the summer months.

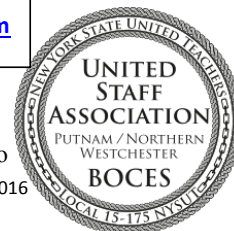
Call (914) 997-1576 to schedule an appointment.

Legal fund website:www.teacherslegalfund.com

Refer to your USA Welfare Fund Benefit Booklet for more specific information.

Actively employed members may decline coverage of Welfare Fund Benefits (dental and optical) for themselves and/or any enrolled dependents at any time by completing a Declination of Coverage form, which can be obtained by writing to the United Staff Association Welfare Fund at P.O. Box 403, Amawalk, NY 10501

01/01/2016



USA Welfare Fund: Legal Services Benefit

The Westchester Putnam Teachers Legal Services Fund provides a Legal Services Plan Benefit to all members of the United Staff Association Welfare Fund. The attorneys are available for consultation on the first Monday of each month during the school year and by appointment during the summer months. The plan includes, but is not limited to, preparation of Wills, Health Care Proxies, Living Wills, Powers of Attorney, and representation in Real Estate Transactions. Certain legal benefits are extended to parents and/or parent-in-laws of covered members.

If you need to update/create a Will, if your parents need to update/create a Will, if you are buying/selling a home, etc.....please take advantage of this benefit by calling the attorney today to schedule an appointment. Consultations and select legal services (e.g. Simple Wills, Document Review, Identify Theft Protection Benefit, Living Will/Health Care Proxy) are at no charge to members with very low fees for other services (e.g. Simple Personal Bankruptcy - \$75.00, Change of Name - \$45.00, representation in Real Estate Transactions for primary residence - \$60.00, Uncontested Divorce - \$60.00, Uncontested Legal Separation - \$45.00- \$75.00) .

Who Do I Contact? WELFARE FUND IMPORTANT INFORMATION

Nicole Werner at Daniel H. Cook Associates is the client representative specific to the United Staff Association Welfare Fund for dental and optical claims. She is the point of contact for active, retired, and COBRA members.

Should any issues arise pertaining to your claims, eligibility and/or COBRA/Retiree payments, please send an email to Nicole at nwerner@dhcook.com or you can reach her at 914-250-0700 extension 231.



USA Welfare Fund Dental and Optical

**United Staff Association Welfare Fund
c/o Daniel H. Cook Associates, Inc.
253 West 35th Street, 12th Floor
New York, NY 10001**

To: Members of the United Staff Association Welfare Fund and Eligible Dependents
From: The Trustees of the United Staff Association Welfare Fund
Re: CLARIFICATION OF OPTICAL BENEFITS POLICY
Date: June 21, 2017

This is to serve as notice to all members and eligible dependents covered by the United Staff Association Welfare Fund ("the Fund") of the clarification of the optical benefits policy. This is to protect your benefits.

These requirements will be strictly adhered to for optical claims with dates of service on or after July 1st of 2017.

The Fund will require the following to process optical claims:

- Original receipt, marked "paid", setting forth the services rendered, the provider of optical services and the patient receiving those services
- Copy of Vision Prescription from the optometrist, optician or ophthalmologist
- HCFA (Health Care Financing Administration) form with appropriate CPT and HCPS
- Separate claim forms for member and eligible dependents

Optical Benefit claims will be denied if the above mentioned requirements are not attached to the Optical Benefit claim form.

Optical Benefits are as follows:

The reimbursement plan pays a benefit allowance of up to \$450 once every calendar year for each covered member and up to \$300 once every calendar year for his or her eligible dependents, for services rendered by an optometrist or ophthalmologist of his/her choice towards an eye examination, prescription lenses, and/or frames and Lasik surgery. The reimbursement will be paid to the member upon receipt by the Fund Administrator of a completed claim form and an original receipt, marked "paid", setting forth the services rendered, the provider of optical services and the patient receiving those services. Claims must be submitted within 180 days from the date of service.

NON-COVERED CHARGES

The following are exclusions for which no optical benefit payments will be made:

1. Post cataract lenses
2. Non-prescription sunglasses
3. Non-prescription glasses or non-prescription contact lenses
4. Medical/surgical treatment for disease of the eye
5. Contact lens or eyeglass loss insurance

If you should have any questions regarding your Welfare Fund benefits, Nicole Werner at Daniel H. Cook Associates is the client representative specific to the United Staff Association Welfare Fund. She is the point of contact for active, retired, and COBRA members. Should any issues arise pertaining to your claims, eligibility and/or COBRA/Retiree payments, please send an email to Nicole at nwerner@dhcook.com or you can reach her at 914-250-0700 extension 231.



USA Welfare Fund Dental and Optical

BENEFIT CLAIM FORM

UNITED STAFF ASSOCIATION WELFARE FUND
 253 West 35th Street, 12th Floor
 New York, NY 10001
 (914) 250-0700

PATIENT'S NAME		RELATIONSHIP TO PARTICIPANT SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		SEX M <input type="checkbox"/> F <input type="checkbox"/>	PATIENT BIRTHDATE MO. DAY YEAR	
PARTICIPANT'S (MEMBER) LAST NAME		FIRST NAME			MEMBER SOCIAL SECURITY # (LAST 4) XXX-XX-	
FULL MAILING ADDRESS				APT. NO.	EMPLOYEE SCHOOL BLDG	
CITY		STATE	ZIP CODE	HOME TELEPHONE NO. (INCLUDING AREA CODE) ()		
EMPLOYER	WORK TELEPHONE NO. (INC. AREA CODE)		IS THE ABOVE ADDRESS DIFFERENT FROM YOUR LAST CLAIM FILED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS THE FIRST CLAIM FILED BY YOU <input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR SPOUSE EMPLOYED? IF "YES" GIVE NAME AND ADDRESS OF YOUR SPOUSE'S EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO						
ARE BENEFITS AVAILABLE FROM ANY OTHER GROUP INSURANCE CARRIER FOR THE PATIENT?		IF "YES" GIVE NAME OF CARRIER, PLUS NAME AND I.D. NO. OF SUBSCRIBER			MEMBER'S BIRTHDATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, SPOUSE BIRTHDATE			MONTH DAY	
I certify that the information given is correct and authorize release of any information necessary to process this claim. Benefits are not available under any other Group Plan except as indicated above.						
				<u>Benefits are payable to member only.</u>		
				MEMBER SIGN HERE _____		DATE _____

Use a separate form for each type of claim. Check appropriate box.

CLAIM MUST BE SUBMITTED WITHIN 180 DAYS AFTER SERVICES ARE RENDERED

- Optical Benefit (Member only)**
 This benefit provides up to \$450.00 per calendar year.
- Optical Benefit (Eligible dependents)**
 This benefit provides up to \$300.00 per calendar year.

****ATTACH THE FOLLOWING DOCUMENTATION TO THIS CLAIM FORM****

- Original receipt, marked "paid", setting forth the services rendered, the provider of optical services and the patient receiving those services
- Copy of Vision Prescription from the optometrist, optician or ophthalmologist
- HCFA (Health Care Financing Administration) form with appropriate CPT and HCPS
- Separate claim forms for member and eligible dependents



7/1/2017

October 2017

USA Welfare Fund Dental and Optical

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA PICA

1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. RESERVED FOR LOCAL USE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. EMPLOYER'S NAME OR SCHOOL NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. _____ 3. _____ 2. _____ 4. _____		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
		23. PRIOR AUTHORIZATION NUMBER	
		F. \$ CHARGES G. DAYS OF UNITS H. EPSON Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
1		NPI	
2		NPI	
3		NPI	
4		NPI	
5		NPI	
6		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNED _____ DATE _____		28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. BALANCE DUE \$ _____	
32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()	
a. NPI b. _____		a. NPI b. _____	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



Vote “No” New York Constitutional Convention (ConCons) Tuesday, November 7, 2017



NO Party for NY political insiders and special interest groups.

NO Opportunity for Albany insiders to take away our rights & protections.

NO Boondoggle costing hundreds of millions of dollars for no benefit.

NO New York Constitutional Convention!

Learn more about voting “NO” on a Constitutional Convention in New York State.
www.nysut.org/concon

On Nov. 7, 2017, Vote **NO** NY Constitutional Convention

NoNewYorkConvention.org



Get Involved! Sign up for MAC Alerts

SHARED

PRIORITIES **VALUES** **PURPOSE**

MEMBER ACTION CENTER **nysut ACTION CENTER**

NEW! Two places online to TAKE ACTION

on the web:
mac.nysut.org

f
facebook.com/NYSUTActionCenter

JOIN OUR COMMUNITY
TODAY

Stay Informed!

Download and install the NYSUT MAC smartphone app!

TAKE ACTION!

- ▶ Get the Android (v 2.3.3+) app
- ▶ Get the iPhone/iPod Touch app

Get Involved!



2017 USA Dues & NYSUT Summer Leadership Conference

United Staff Association 2017 Dues

Look for deductions of your Local and NYSUT Union dues to being the last paycheck in October.

If you have any questions, please contact Sharlene Orlowksy sorlowksy@pnwboces.org or ext. 816.

2017 NYSUT Summer Leadership Conference

Submitted by, Al J. Cotoia

The NYSUT Leadership Conference was held August 17- 19, 2017 in Rye Brook NY. This conference was attended by union associations serviced through the NYSUT Tarrytown Regional Office. The focus of the conference and the workshop sessions were valuable and informative. Attending these training sessions re-confirms their value and importance. As a reminder review the NYSUT website, www.nysut.org and learn about various services, discounts, and incentives for you and your family.



The United Staff Association
(USA) Executive Board
would like to welcome you
back to school!

USA General Membership Meeting

Thursday,
September 28th
at 3:00 P.M.

Travelers Rest Restaurant

25 Saw Mill River Road
Ossining, NY

**Please join us for an
Informational Meeting,
Full Buffet, and Cash
Bar!**

RSVP: Karen Carey
kcarey@pnwboces.org

Link to the Travelers Rest
<https://www.travelersrestrestaurant.com/>



Retiree Events



RETIREES OF WESTCHESTER/PUTNAM

NYSUT RETIREES - The next few months of the year are filled with fabulous NYSUT Events. Why not join us?

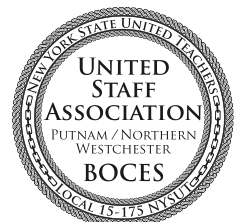
Here are the planned activities in a nutshell:

BROADWAY MUSICAL, TRAVEL, SHOPPING, FOOD, MUSIC, HISTORY AND CULTURE

Saturday, October 14 to Monday, October 16 - Washington, D.C. Adventure featuring the NEW Smithsonian African American Museum. Enjoy an expert guided tour of the capitol including memorials, monuments, DC neighborhoods and the famed Embassy Row. Visit the White House Visitor Center for insight into the many transitions this historic residence has undergone and then proceed to the hottest ticket in D.C., the new and acclaimed Smithsonian National African American Museum of History & Culture. Visit the Frederick Douglass House in Anacostia followed by time in Old Town Alexandria. Flyers with more information will be sent upon request.

Price Per Person: \$534 Double/Triple, \$634 Single (Based on a minimum of 25 passengers) Inclusions: Deluxe Motor coach with Driver/Guide *Accommodations, Meals and Sightseeing as Outlined* All taxes & Gratuities *Trip Cancellation/Interruption Insurance (includes pre-existing conditions)* *\$200 Deposit before Monday, May 29th (space available after that date); Balance Before Friday, September 1, 2017 NOTE - once deposited, payments are non-refundable if cancelled for reason NOT covered by insurance. If canceling before scheduled trip date, a Physician must advise in writing on/before the departure date that your health prohibits you from traveling.

TO PARTICIPATE IN ANY OR ALL EVENTS, CONTACT EVELYN PARTALIS EITHER BY EMAIL SIS1230@AOL.COM, BY PHONE 914 923 3148 OR BY SENDING YOUR CHECK MADE OUT TO NYSUT RETIREES TO HER AT 16 ROCKLEDGE AVENUE 5D1, OSSINING, NY 10562 Enclose a stamped self addressed envelope. Please include name, address, phone number, email address, amount enclosed and number of people.



Union Representatives

Putnam/Northern Westchester BOCES
Yorktown Heights, NY 10598
914-607-6736

Executive Board:

President	Doug Andreotti
1st Vice President (Special Education)	Elisa Longo
2nd Vice President (CTE)	Stephanie Buckhout
Secretary	Judy Gillet
Treasurer	Sharlene Orlowsky
Membership Chairperson	Stacey Chiarella
Grievance Co-Chairperson (Special Education)	Lisa Giacomini-Essell
Grievance Co-Chairperson (CTE)	Larry Marino
Negotiations Chairperson	Al Cotoia
Program Rep Chairperson	Magaly Almonte

Program Representatives

Administrator

Jim Bellucci
Michael Sowul
Steve Lowery
Nicole Murphy
Csilla Mate/Michael Sowul
Csilla Mate/Pinesbridge
Csilla Mate/Pinesbridge
Lisa Hammel
RSE/TASC/Patti Slobogin

Representative

Lisa Tobin

Marie Russo
Nate Ball
Danielle Iammatteo (CLASS Transitions)

Deirdre Toolan
Margo Schepart
John Boniello

United Staff Association Welfare Fund

c/o Daniel H. Cook Associates
253 West 35th Street, 12th Floor
New York, New York 10001

Chairperson:	Dawn Galvin
Secretary:	Nancy Finsmith
Treasurer:	Doreen Trani
Trustees:	Jenn Guiffre Doug Andreotti
Alternate Trustee:	Deirdre Toolan Maria Pontbriand

Retiree Liaison: Janine deGrouchy-Hraska
Janine is available by phone/email:
(845) 735-4683
pnwboceswelfarefund@gmail.com

Consultant: Flo Laicher

Administrator: Daniel Cook Associates
www.dhcook.com
Contact for USA members: Nicole Werner,
werner@dhcook.com (914) 250-0700, EXT 231

Upcoming Meetings

Upcoming Executive Board Meeting

Tuesday, October 3, 2017

3:00 P.M.
Pinesbridge Conference Room

Upcoming General Membership Meeting

Thursday, September 28, 2017

3:00 P.M.
Travelers Rest
25 Saw Mill River Road Ossining, NY



A Bouquet from Us

In Our Thoughts ...

Paul Purpura for a speedy recovery.

In Memoriam...

We send sympathy to the families and friends of:
Jessica Fytros on the passing of her husband.

Congratulations to...

Dana Cavorti on her wedding.
Marie Russo on the birth of her granddaughter.



Send items for A Bouquet from Us to Karen Carey at kcarey@pnwboces.org



To schedule an appointment with the lawyers at Mirkin & Gordon, Members should call (914) 997-1576.

IMPORTANT:

Grievance Co-Chairpersons are:

Larry Marino (CTE)

lmario@pnwboces.org (914) 248-2480 (ext.480).

Lisa Giacomini-Essell (Special Education)

ligiacomini-essell@pnwboces.org (914)248-2264 (ext. 264)

We are on the Web!

pnwb.ny.aft.org



Thanks to All:

Thank you to everyone who contributes to this Newsletter by submitting articles, important information, bouquets, or helping with the printing and/or distribution throughout the school year.

Please send Retiree News for the Newsletter to Wynnie McCarthy, wam48@aol.com or 36 Cheshire Lane Yorktown, NY 10598. We want to reach out to more Retirees.

Please send Newsletter worthy information to Meredith Markolovic (Tech) at mmarkolovic@pnwboces.org.

