

We hereby certify that the vouchers listed on this abstract for this period consisting of these attached pages were audited and allowed in the amounts shown. Authorization is hereby given and direction is made to pay each of the claimants the amount opposite his or her name.

November 27, 2023

Mayor

Trustee

Trustee

Trustee

Trustee

Village of Ballston Spa Abstract of Audited Vouchers from 11/14/2023 to 11/27/2023

<u>Claimant</u>	<u>Invoice Date</u>	<u>Invoice Description</u>	<u>Voucher #</u>	<u>Distribution Acct</u>	<u>Account Description</u>	<u>A/P Owed</u>	<u>Chk #</u>	<u>Chk Date</u>
Voucher Type: Prepaid								
Empire Bluecross			2577					
	11/01/2023	0202311301963		TA.0020.000.000	Group Insurance	2,212.22	0006974	11/21/2023
	11/01/2023	0202311301963		AA.9060.800.000	Medical Insurance (Village Share) EB	24,623.56	0006974	11/21/2023
	11/01/2023	0202311301963		GG.9060.800.000	Medical Insurance (Village Share) EB	1,981.21	0006974	11/21/2023
	11/01/2023	0202311301963		LL.9060.800.000	Medical Ins (Village Share) PUBLIC LIBR	1,698.18	0006974	11/21/2023
	11/01/2023	0202311301963		AA.9089.800.000	Other EB (Sect. 125) EB	18,566.24	0006974	11/21/2023
	11/01/2023	0202311301963		LL.9089.800.000	Other EB	1,185.07	0006974	11/21/2023
						<u>50,266.48</u>		
Generations Bank CARDMEMBER			2578					
	11/20/2023	20231114		AA.5110.404.000	Street Administration CE - Repairs & Mai	107.89	0006975	11/21/2023
	11/20/2023	20231114		AA.5140.400.000	Brush and Weeds CE	509.98	0006975	11/21/2023
	11/20/2023	20231114		AA.1325.400.000	Treasurer CE	19.26	0006975	11/21/2023
						<u>637.13</u>		
Mvp Health Plan, Inc.			2585					
	11/11/2023	18886973 December		AA.9089.800.000	Other EB (Sect. 125) EB	2,122.44	0006976	11/21/2023
						<u>2,122.44</u>		
Mvp Health Plan, Inc. Total			2584					
	11/13/2023	20231120		AA.1621.401.000	Municipal Bldg CE - 30 Bath St Utrilite	23.66	0006977	11/21/2023
						<u>23.66</u>		
National Grid #01688-15101 Total			2575					
	11/01/2023	20231114 OCTOBER		AA.1110.405.000	Justices - Supplies	17.21	0006978	11/21/2023
	11/01/2023	20231114 OCTOBER		AA.1410.405.000	Village Clerk CE - Other	17.20	0006978	11/21/2023
						<u>34.41</u>		
Pitney Bowes Bank Inc Total			2579					
	11/03/2023	IN156824 October		AA.1110.402.000	Justices CE - Phone & Internet	94.25	0006979	11/21/2023
	11/03/2023	IN156824 October		AA.1620.402.000	Shared Services CE - Front-Phone/Inter	365.31	0006979	11/21/2023
	11/03/2023	IN156824 October		AA.1640.402.000	Central Garage CE - Phone & Internet	137.98	0006979	11/21/2023

Village of Ballston Spa Abstract of Audited Vouchers from 11/14/2023 to 11/27/2023

<u>Claimant</u>	<u>Invoice Date</u>	<u>Invoice Description</u>	<u>Voucher #</u>	<u>Distribution Acct</u>	<u>Account Description</u>	<u>A/P Owed</u>	<u>Chk #</u>	<u>Chk Date</u>
	11/03/2023	IN156824 October		AA.3120.402.000	Police CE - Phone & Internet	388.56	0006979	11/21/2023
	11/03/2023	IN156824 October		AA.3411.402.000	E.M.L. Fire Dept CE - Phone & Internet	111.63	0006979	11/21/2023
	11/03/2023	IN156824 October		AA.3412.402.000	Union Fire Dept CE - Phone & Internet	124.53	0006979	11/21/2023
	11/03/2023	IN156824 October		AA.3620.402.000	Safety Inspectors CE - Phone & Internet	112.57	0006979	11/21/2023
	11/03/2023	IN156824 October		AA.7180.402.000	Spec Rec Fac CE - Phone & Internet	3.75	0006979	11/21/2023
	11/03/2023	IN156824 October		AA.8340.402.000	Transmission & Distribution - CE - Phone	341.99	0006979	11/21/2023
	11/03/2023	IN156824 October		GG.8120.402.000	Sanitary Sewers CE - Phone & Internet	34.42	0006979	11/21/2023
	11/03/2023	IN156824 October		LL.7410.402.000	Library CE - Phone & Internet	253.96	0006979	11/21/2023
		Ringsquared Telecom LLC Total				<u>1,968.95</u>		
		Spectrum - Charter Communications 2576						
	11/01/2023	131088001110123 OCTOBER- UNION INTERNET		AA.3412.402.000	Union Fire Dept CE - Phone & Internet	614.94	0006980	11/21/2023
		Spectrum - Charter Communications Total				<u>614.94</u>		
		Total for Voucher Type: Prepaid				55,668.01		
		Voucher Type: Regular						
		Adirondack Tire Corp. 2620						
	11/14/2023	1036303 police tires car#4312		AA.3120.404.000	Police CE - Repairs & Maint.	558.16		
		Adirondack Tire Corp. Total				<u>558.16</u>		
		Airgas Usa, LLC 2616						
	10/31/2023	5502946634 rental		AA.1640.405.000	Central Garage CE - Supplies	179.54		
		Airgas Usa, LLC Total				<u>179.54</u>		
		Allerdice Building Supply, Inc 2624						
	11/15/2023	2311-211765 brush wheels & mender Winterize		AA.8340.404.000	Transmission & Distribution - CE - Repair	20.07		
		Allerdice Building Supply, Inc Total				<u>20.07</u>		
		Allied Universal Security Svcs 2596						
	11/05/2023	14948282 security		AA.1110.400.000	Justices CE	641.60		
		Allied Universal Security Svcs Total				<u>641.60</u>		

Village of Ballston Spa Abstract of Audited Vouchers from 11/14/2023 to 11/27/2023

<u>Claimant</u>	<u>Invoice Date</u>	<u>Invoice Description</u>	<u>Voucher #</u>	<u>Distribution Acct</u>	<u>Account Description</u>	<u>A/P Owed</u>	<u>Chk #</u>	<u>Chk Date</u>
Amazon Business			2609					
10/22/2023	1h43-h1hv-9nyr credit			AA.3120.405.000	Police CE - Supplies	-185.00		
11/06/2023	1nw6-9ln7-3lcx supplies paper plates			AA.1410.405.000	Village Clerk CE - Other	5.99		
11/07/2023	1grp-jqlr-436j soap			AA.1410.405.000	Village Clerk CE - Other	8.99		
11/07/2023	1vm6-ww9j-1xjj supplies			AA.8340.404.000	Transmission & Distribution - CE - Repair	77.30		
11/07/2023	1vm6-ww9j-1xjj supplies			AA.1410.400.000	Village Clerk CE - Contracts	7.98		
11/11/2023	1fny-v777-fvkm toner printer treasurer/village admin			AA.1325.405.000	Treasurer CE -Supplies	38.69		
11/13/2023	1f9-m4l3-bxlq computer speaker-Treasurer google meets/zoom			AA.1325.405.000	Treasurer CE -Supplies	15.29		
11/14/2023	1hh4-j3v1-6mqq tape			AA.1110.405.000	Justices - Supplies	18.29		
11/14/2023	1nw9-wcrg-66j1 batteries for Christmas Lights			AA.7550.400.000	Celebrations CE	50.67		
11/15/2023	1yx63jrd-9rjm microphones			AA.1210.400.000	Mayor CE	269.00		
11/19/2023	1p4r-qvxp-qhjh binders			AA.8010.405.000	Zoning CE - Supplies	39.34		
Amazon Business Total						346.54		
Anderson, Paul			2606					
11/27/2023	20231121 sidewalk rebate			AA.5410.400.000	Sidewalks CE	1,300.00		
Anderson, Paul Total						1,300.00		
Burghart, Christine			2580					
11/16/2023	20231116 plants			AA.7110.404.000	PARKS - Wiswall & Iron Spring CE - Repair	20.85		
Burghart, Christine Total						20.85		
Curtis Lumber Company, Inc.			2625					
11/27/2023	2311-000172 Christmas tree			AA.7550.403.000	Celebrations CE- Holiday Decorations	19.68		
Curtis Lumber Company, Inc. Total						19.68		
Daily Gazette			2598					
11/01/2023	20231120 trustees			AA.1010.406.000	Board of Trustees - Other	23.70		
Daily Gazette Total						23.70		

Village of Ballston Spa Abstract of Audited Vouchers from 11/14/2023 to 11/27/2023

<u>Claimant</u>	<u>Invoice Date</u>	<u>Invoice Description</u>	<u>Voucher #</u>	<u>Distribution Acct</u>	<u>Account Description</u>	<u>A/P Owed</u>	<u>Chk #</u>	<u>Chk Date</u>
De Lage Landen Financial Svce	11/27/2023	81379113 copier library	2594	LL.7410.406.000	Library CE - Other	135.00		
De Lage Landen Financial Svce Total						<u>135.00</u>		
Demartino, Michael J	11/16/2023	20231116	2581	AA.9060.800.000	Medical Insurance (Village Share) EB	60.00		
Demartino, Michael J Total						<u>60.00</u>		
EFPR Solutions	6/30/2023	342311 October - May 2023	2595	AA.1325.400.000	Treasurer CE	13,439.00		
EFPR Solutions Total						<u>13,439.00</u>		
Ferguson Waterworks	11/14/2023	cm091931 credit	2569	AA.8340.404.000	Transmission & Distribution - CE - Repair	-949.98	0006941	11/14/2023
Ferguson Waterworks Total						<u>-949.98</u>		
Fleet Pride	10/30/2023	112278723 dump truck brake knob	2622	AA.5110.404.000	Street Administration CE - Repairs & Mai	7.38		
Fleet Pride Total						<u>7.38</u>		
John and Megan Higgins	11/27/2023	20231120 refund	2600	AA.2140.000.000	Metered Water Sales	413.90		
John and Megan Higgins Total						<u>413.90</u>		
Kelly, Seth	11/27/2023	20231121 clothing allowance	2613	AA.5110.406.000	Street Administration CE - Other	54.08		
Kelly, Seth Total						<u>54.08</u>		
Lane Enterprises, Inc.	11/03/2023	465815 drain pipe	2617	GG.8140.404.000	Storm Sewer Drainage CE - Repairs & Main	3,940.00		
	11/08/2023	466340 pipe coupler		GG.8140.404.000	Storm Sewer Drainage CE - Repairs & Main	49.52		
Lane Enterprises, Inc. Total						<u>3,989.52</u>		
Mahoneynotify-Plus, Inc.	10/01/2023	0331104-IN Union	2607	AA.3412.406.000	Union Fire Dept CE - Other	33.50		
Mahoneynotify-Plus, Inc. Total						<u>33.50</u>		

Village of Ballston Spa Abstract of Audited Vouchers from 11/14/2023 to 11/27/2023

<u>Claimant</u>	<u>Invoice Date</u>	<u>Invoice Description</u>	<u>Voucher #</u>	<u>Distribution Acct</u>	<u>Account Description</u>	<u>A/P Owed</u>	<u>Chk #</u>	<u>Chk Date</u>
Midwest Tape	11/13/2023	504619368 dvd	2593	LL.7410.405.000	Library CE - Supplies	93.72		
Midwest Tape Total						<u>93.72</u>		
Milton Cat	9/15/2023	inv3026169 generator	2621	AA.8340.404.000	Transmission & Distribution - CE - Repai	109.09		
Milton Cat Total						<u>109.09</u>		
Monaco'S Automotive Services I	11/02/2023	0000344 police	2619	AA.3120.404.000	Police CE - Repairs & Maint.	21.00		
Monaco'S Automotive Services I Total						<u>21.00</u>		
NAPA *Saratoga Auto Supply	10/26/2023	983102 credit	2635	AA.5110.404.000	Street Administration CE - Repairs & Mai	-486.00		
	11/01/2023	984636 credit		AA.5110.404.000	Street Administration CE - Repairs & Mai	-18.00		
	11/01/2023	984638 supplies		AA.5110.404.000	Street Administration CE - Repairs & Mai	45.28		
	11/02/2023	984871 hydrant		AA.8340.404.000	Transmission & Distribution - CE - Repai	6.60		
	11/03/2023	985132 garage		AA.5110.404.000	Street Administration CE - Repairs & Mai	10.48		
	11/03/2023	985282 shop		AA.1640.405.000	Central Garage CE - Supplies	92.16		
	11/08/2023	986706 truck 3		AA.5110.404.000	Street Administration CE - Repairs & Mai	38.99		
	11/09/2023	986847 supplies		AA.5110.404.000	Street Administration CE - Repairs & Mai	26.52		
	11/09/2023	987006 supplies		AA.5110.404.000	Street Administration CE - Repairs & Mai	8.32		
NAPA *Saratoga Auto Supply Total						<u>-275.65</u>		
NYS Association of Chiefs of Police	11/15/2023	5620 membership	2601	AA.3120.406.000	Police CE - Other	250.00		
NYS Association of Chiefs of Police Total						<u>250.00</u>		
Pompa Brothers, Inc.	11/13/2023	77362 crusher run	2623	GG.8140.404.000	Storm Sewer Drainage CE - Repairs & Main	376.96		
Pompa Brothers, Inc. Total						<u>376.96</u>		

Village of Ballston Spa Abstract of Audited Vouchers from 11/14/2023 to 11/27/2023

<u>Claimant</u>	<u>Invoice Date</u>	<u>Invoice Description</u>	<u>Voucher #</u>	<u>Distribution Acct</u>	<u>Account Description</u>	<u>A/P Owed</u>	<u>Chk #</u>	<u>Chk Date</u>
Saratoga County Central Servc			2599					
	10/01/2023	20231120 calendars		AA.1110.405.000	Justices - Supplies	3.68		
	10/01/2023	20231120 calendars		AA.3120.405.000	Police CE - Supplies	78.20		
	10/01/2023	20231120 calendars		AA.1325.405.000	Treasurer CE -Supplies	14.09		
<u>Saratoga County Central Servc Total</u>						<u>95.97</u>		
Slack Chemical Company			2615					
	11/07/2023	204908 credit		AA.8340.404.000	Transmission & Distribution - CE - Repair	-741.00		
	11/07/2023	463253		AA.8340.405.000	Transmission & Distribution - CE - Suppl	4,827.10		
<u>Slack Chemical Company Total</u>						<u>4,086.10</u>		
Southern Adirondack Library Sy			2602					
	11/09/2023	BAL 11092023 membership		LL.7410.406.000	Library CE - Other	468.88		
<u>Southern Adirondack Library Sy Total</u>						<u>468.88</u>		
Tymetal Corp			2611					
	11/13/2023	78430 hose		AA.5110.404.000	Street Administration CE - Repairs & Mai	1,009.00		
	11/17/2023	78556 boom shaft		AA.5110.404.000	Street Administration CE - Repairs & Mai	1,257.93		
<u>Tymetal Corp Total</u>						<u>2,266.93</u>		
Vander Molen Fire Apparatus			2626					
	10/31/2023	5555 repair		AA.3411.404.000	E.M.L. Fire Dept CE - Repairs & Maint.	334.29		
<u>Vander Molen Fire Apparatus Total</u>						<u>334.29</u>		
Vast Horizons Communications			2582					
	11/05/2023	308 battery		AA.3412.405.000	Union fire Dept CE - Supplies	1,185.00		
<u>Vast Horizons Communications Total</u>						<u>1,185.00</u>		
W.B. Mason Co, Inc.			2597					
	11/03/2023	242334167 water		AA.1410.400.000	Village Clerk CE - Contracts	3.99		
<u>W.B. Mason Co, Inc. Total</u>						<u>3.99</u>		

Village of Ballston Spa Abstract of Audited Vouchers from 11/14/2023 to 11/27/2023

<u>Claimant</u>	<u>Invoice Date</u>	<u>Invoice Description</u>	<u>Voucher #</u>	<u>Distribution Acct</u>	<u>Account Description</u>	<u>A/P Owed</u>	<u>Chk #</u>	<u>Chk Date</u>
Watkins Spring Co., Inc.	7/06/2023	16199 repair	2583	AA.3412.405.000	Union fire Dept CE - Supplies	2,602.84		
<u>Watkins Spring Co., Inc. Total</u>						<u>2,602.84</u>		
Wolberg Electrical Supply Co.	11/10/2023	2626254 EML	2610	AA.3411.404.000	E.M.L. Fire Dept CE - Repairs & Maint	12.09		
<u>Wolberg Electrical Supply Co. Total</u>						<u>12.09</u>		
Total for Voucher Type: Regular						31,923.75		
Total:								
						55,668.01		
						31,923.75		
						87,591.76		

Village of Ballston Spa A/P Distribution Summary by Fund from 11/14/2023 to 11/27/2023

<u>Fund</u>	<u>District</u>	<u>Amount</u>
AA - General	000	75,162.62
<u>AA Fund Total</u>		<u>75,162.62</u>
GG - Sewer	000	6,382.11
<u>GG Fund Total</u>		<u>6,382.11</u>
LL - Library	000	3,834.81
<u>LL Fund Total</u>		<u>3,834.81</u>
TA - Trust & Agency	000	2,212.22
<u>TA Fund Total</u>		<u>2,212.22</u>
Grand Total		87,591.76

**VILLAGE OF BALLSTON
SPA
NOTICE OF PUBLIC
HEARING
TO CONSIDER
ADOPTION OF LOCAL
LAW**

NOTICE IS HEREBY GIVEN pursuant to Section 20 of the Municipal Home Rule Law of the State of New York that a public hearing will be held by the Board of Trustees of the Village of Ballston Spa on November 27, 2023, at 7:01 p.m. at the Ballston Spa Public Library, located at 21 Milton Avenue, Ballston Spa, New York, for the purpose of considering the adoption of Local Law No. 3 of 2023. If adopted, Local Law No. 3 of 2023 would add Chapter 15, Committees, to the Code of the Village of Ballston Spa. Written comments on Local Law No. 3 of 2023 can be submitted to the Village Clerk up and through the time of the public hearing. A copy of proposed Local Law No. 3 of 2023 can be obtained at the Village Offices and on the Village's website.

Teri O'Connor
Village Clerk

11/15

2460

**VILLAGE OF BALLSTON SPA
NOTICE OF PUBLIC HEARING
TO CONSIDER ADOPTION OF LOCAL LAW**

NOTICE IS HEREBY GIVEN pursuant to Section 20 of the Municipal Home Rule Law of the State of New York that a public hearing will be held by the Board of Trustees of the Village of Ballston Spa on November 27, 2023, at 7:01 p.m. at the Ballston Spa Public Library, located at 21 Milton Avenue, Ballston Spa, New York, for the purpose of considering the adoption of Local Law No. 3 of 2023. If adopted, Local Law No. 3 of 2023 would add Chapter 15, Committees, to the Code of the Village of Ballston Spa. Written comments on Local Law No. 3 of 2023 can be submitted to the Village Clerk up and through the time of the public hearing. A copy of proposed Local Law No. 3 of 2023 can be obtained at the Village Offices and on the Village's website.

Teri O'Connor
Village Clerk

Published: _____

Treasurer's Report November 27, 2023

Meter cards will be mailed out at the end of the month. They will be arriving around December 1st. Please make sure you fill them out and return them within 30 days to avoid a \$50 fee for not reading your meter.

Bob Fox from Local Government Support Services (LGSS) is still compiling our AUD for Fiscal Year 2023. We hope to finish this up in the very near future.

Our new Deputy Treasurer is expected to start with the Village on or around December 18, 2023. Melissa Columbo at LGSS offered any online training for her to bring her up to speed with the Village in regards to AccuFund.



New York State Volunteer Firefighter Cancer Benefit Program INVOICE

Payments via Check- Make check payable and mail copy of invoice and check to:

AIS Administrators
Firefighters Insurance Program
P.O. Box 411215
Boston, MA 02241 - 1215

Payments via ACH- Use the following instructions for ACH payment to:

Bank of America
100 N Tryon St.
Charlotte, NC 28255
Account Name: AIS Administrators, Inc.
RTN#: 021000322 ACCT#:483084165805
Wires #: 026009593
SWIFT Address: BOFAUS3N

Village of Ballston Spa
66 Front Street
Ballston Spa, NY 12020-1713

Invoice Number: 000719NYFIRE2024
Invoice Date:11/20/2023
DUE DATE: 1/1/2024

COVERAGE PERIOD		DESCRIPTION	AMOUNT
Effective	Expiration	<i>New York State Volunteer Firefighter Cancer Benefit Program</i>	DUE
1/1/2024	12/31/2024	Basic Plan Lump Sum Cancer Benefit and Death Benefit	\$5,824.52
		Long-Term Disability	\$1,682.88
TOTAL ANNUAL PREMIUM:			\$7,507.40
Firefighter Count: 52			

IF PAYMENT IS NOT RECEIVED BY 2/1/2024, COVERAGE MAY BE CANCELLED.

If you have any questions about this invoice, please email FFCP@aisadmin.com
or call AIS Administrators at (866)719-2316.

We appreciate your participation in the New York State Volunteer Firefighter Cancer Benefit Program.

11/20/2023



SUMMARY OF BENEFITS

EFFECTIVE DATE: 1/1/2024

ANNIVERSARY DATE: January 1

INSURER: Hartford Life and Accident Insurance Company:
POLICY NUMBER: 681360
MASTER POLICYHOLDER: New York State Volunteer Firefighter Cancer Benefit Association
ADMINISTRATOR: AIS Administrators, Inc.
PARTICIPATING EMPLOYER: Village of Ballston Spa

ELIGIBLE FIREFIGHTERS:

An "Eligible Volunteer Firefighter" means:

1. a volunteer interior firefighter who:
 - a. has five or more years of faithful and actual service in the protection of life and property from fire subsequent to having successfully passed a physical examination which failed to reveal any evidence of Cancer; and
 - b. has submitted or is able to submit proof of five years of interior firefighting service by providing verification that he/she has passed at least five yearly certified mask fitting tests as set forth in 29 CFR 1910.134 or the applicable National Fire Protection Association Standards for Mask Fit testing or, for firefighters who entered fire service prior to January first, two thousand twenty, documentation identified by the office of fire prevention and control in rules and regulations promulgated pursuant to subdivision seven of this section which shall include, but not be limited to, training or certification records, health care provider records, internal fire department records, or any combination of official documents capable of evidencing that the firefighter meets the afore mentioned requirements; or
2. a volunteer exterior firefighter who has five or more years of faithful and actual service in the protection of life and property from fire subsequent to having successfully passed a physical examination which failed to reveal any evidence of Cancer.

CLASS DESCRIPTIONS: Eligible Volunteer Firefighters

Basic Plan Coverage: Covers only the cancers listed in GML 205-CC which are as follows: Cancers affecting the prostate or breast; lymphatic, hematological, digestive, urinary, neurological or reproductive systems; and melanoma are covered by this policy.

Lump Sum Cancer Benefit:

Maximum Limit each diagnosis: \$6,250 (less severe forms of cancer);
\$25,000 (severe forms of cancer)
Lifetime Benefit per Firefighter: \$50,000



Long-Term Disability: Disability or Disabled means as a result of invasive cancer, non-invasive cancer or skin cancer, you are prevented from performing the essential duties of an Active Volunteer Firefighter.

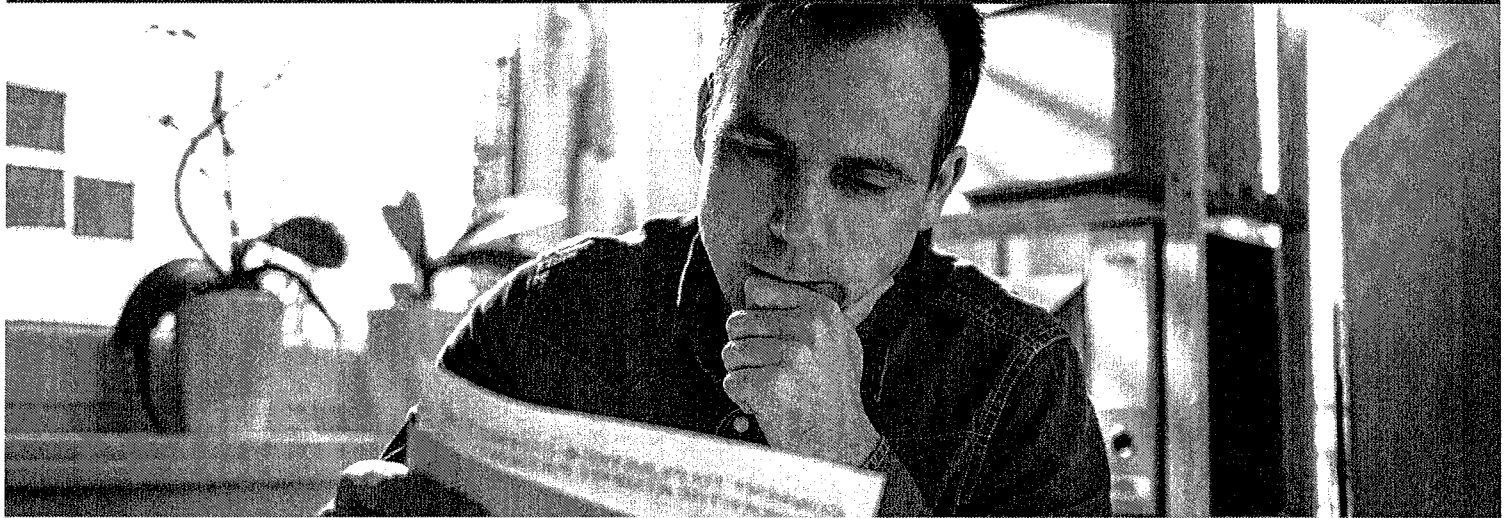
Elimination Period: 180 Days
Benefit Duration: 36 month maximum
Benefit: \$1, 500 Monthly Benefit

Death Benefit

Benefit \$50,000

This Summary of Benefits is not a contract or guarantee of coverage. The Employer's list of Eligible Firefighters and the terms of the actual Policy or Policies control. The Policy(ies) are posted on the website: <https://www.thehartford.com/resources/gb/ny-firefighters>. The Policy(ies) contain(s) important information, including when coverage begins and ends, how to make a claim.

Questions about claims after a diagnosis? Call The Hartford at 866-783-6566. For all other questions, call AIS Administrators at 866-719-2316 or email FFCP@aisadmin.com



HOW TO INITIATE A CLAIM.



With our Lump Sum Cancer and Long-term Disability Cancer Coverage, you, the firefighter, has to file a Cancer claim.

VIA MAIL:

The Hartford Supplemental Insurance
Benefit Department | PO Box 99906
Grapevine, TX 76099

PREFERRED METHOD

Step 1: Get in touch with your Fire Chief or Department Contact. They'll provide the claim form.

Step 2: The form must be filled out by the firefighter submitting the claim. The entity you work for cannot fill out the form on your behalf.

Step 3: If you have not previously completed a Beneficiary Designation Form, please complete the one applicable to the state of your residence and include with documents in Step 4.

Step 4: Send the completed claim form with supporting documentation to the address noted above.

ALTERNATIVE METHOD

Step 1: To speak to The Hartford directly to initiate your claim:

Critical Illness/Lump Sum Claims	Long-Term Disability Claims
Call 866-783-6566	Call 866-783-6566
Fax 469-417-1952	Fax 833-357-5153

Step 2: Please have the policy number and policy name readily available.

Policy Number: 681360

Policy Name: New York State Volunteer Firefighter Cancer Benefit Trust.

Please Note: A Long-term Disability Cancer (LTD) coverage claim cannot be submitted at first diagnosis as there is a 180-day elimination period.

continued



LONG-TERM DISABILITY CANCER COVERAGE

The Hartford's Long-term Disability unit will proactively reach out to you to determine if you should file a LTD claim. This will happen 4 months after the submission of your Cancer claim. If LTD is needed, there's a 180-day elimination period before coverage can begin.



Once your claim has been submitted, The Hartford will begin to adjudicate the claim and reach out to you.

For more information on the program, please visit
TheHartford.com/nysvfb



**THE
HARTFORD**

Business Insurance
Employee Benefits
Auto
Home

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. The policy underwritten by the issuing company listed above details exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. © 2019 The Hartford.

THE POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED CANCERS ONLY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. As required by New York law, benefits are not available for lung cancer, mesothelioma, sarcomas or certain cancers of the endocrine system.

Form BSR-1500 (NY) (681360) (Blanket) 12311A. Form BSR-1500 (NY) (681360) (Blanket) 12311B.
7171f NS 01/19

Designation of Beneficiary Form

For Group Insurance Policies



THE
HARTFORD

In furnishing this form, The Hartford® does not waive any of its rights or defenses nor admit liability.

Instructions: 1) Please print clearly with blue or black ink and provide complete information. (Missing information causes delays.) 2) Please ensure your beneficiary designation is clear so there is no question of your intent. 3) Please sign and date the form. 4) Submit the form as instructed by your benefits administrator.

EMPLOYER/POLICYHOLDER INFORMATION (Required fields are marked with an asterisk(*)).

*Employer/Policyholder Name	*Policy Number
-----------------------------	----------------

EMPLOYEE/MEMBER INFORMATION (Required fields are marked with an asterisk(*)).

*Employee/Member Name (First MI Last)	*SSN or Tax ID #	*Date of Birth
*Address (Street, City, State & Zip)	*Marital Status	*Gender
E-mail Address	Phone Number	Cell/Mobile Number

BENEFICIARY DESIGNATION (Required fields are marked with an asterisk(*)).

This designation is for all group insurance coverage issued by The Hartford for which benefits are payable to a beneficiary or survivor (as indicated by each specific policy) in the event of your death, unless otherwise requested by you in writing. This designation may be changed upon written request.

All information requested is required, per beneficiary. If more than one beneficiary is named, the beneficiaries shall share benefits equally unless percentages are stated below. **The percentages must total 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries.** If you need to designate more beneficiaries than space will allow, please include the additional information on a separate paper and attach it to/submit it with this form, clearly stating your name. Please consult your benefits administrator or legal advisor for assistance or additional information.

Important Note: Certain states are community property states. If you live in one of these states – AK, AR, CA, ID, LA, NV, NM, TX, WA or WI – and designate someone other than your spouse as your beneficiary, state law may require that your spouse/partner consent to the designation. Puerto Rico and certain tribal jurisdictions may also require spousal consent. Spousal consent may not apply to ERISA plans. Please consult your benefits administrator or legal advisor for additional information.

Primary Beneficiary(ies) (Primary beneficiaries are first in line to receive benefits if living at the time of your death.)

1) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	
2) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	

Contingent Beneficiary(ies) (Contingent beneficiaries will receive benefits if no primary beneficiary is alive at the time of your death.)

1) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	
2) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	

AGREEMENT & SIGNATURE (Required fields are marked with an asterisk(*)).

I understand that this Designation of Beneficiary applies to all group insurance coverage issued by The Hartford for which benefits are payable to a beneficiary or survivor (as indicated by each specific policy) in the event of my death, unless otherwise requested by me in writing. I also understand that this Designation of Beneficiary is subject to change as provided in each applicable group policy.

By signing below, I acknowledge that: 1) I understand and agree to the terms of this form as noted above; and 2) This Designation of Beneficiary is effective as of the date submitted.

*Employee/Member Signature	*Date of Signature
----------------------------	--------------------

COMMUNITY PROPERTY CONSENT (To be completed by the Employee/Member's spouse/partner, if applicable).

By signing below, I, _____ (insert your full name), do hereby consent to the foregoing beneficiary designation(s).

Spouse/Partner Signature	Date of Signature
--------------------------	-------------------

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Adoption of Local Law 3 of 2023			
Project Location (describe, and attach a location map): Village of Ballston Spa			
Brief Description of Proposed Action: The adoption of Local Law 3 of 2023 would add Chapter 15 "Committees" to the Code of the Village of Ballston Spa.			
Name of Applicant or Sponsor: Ballston Spa Board of Trustees		Telephone: 518-885-5711 E-Mail: villageclerk@villageofballstonspa.org	
Address: 66 Front Street			
City/PO: Ballston Spa		State: NY	Zip Code: 12020
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action: <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

<p>14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:</p> <p><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional</p> <p><input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban</p>		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: <u>Frank Rossi, II</u> Date: _____, 2023</p> <p>Signature: _____ Title: <u>Mayor</u></p>		

PRINT FORM

Local Law 3 of 2023

**ADDING CHAPTER 15, COMMITTEES,
TO THE CODE OF THE VILLAGE OF BALLSTON SPA**

Be It Enacted by the board of trustees of the Village of Ballston Spa that Chapter 15, entitled Committees, is hereby added as follows:

Section 15-1. Legislative Intent.

It is the intent of this local law to provide a standardized procedure for membership on and appointment to a Village committee or board not otherwise established by state or local law.

§15-2. Definitions.

BOARD OF TRUSTEES; BOARD – the Board of Trustees of the Village of Ballston Spa.

COMMITTEE – for purposes of this Chapter only, any committee not already described in Village code or State law, including committees required for grants, or that is convened for the purpose of generating recommendations to the Village Board of Trustees, or results in actions to be taken by the Village Board, but does not possess sovereign authority to act on behalf of the Village on its own. The term “committee” shall be deemed to be a generic designation and shall also include any group appointed by the Village Board, including but not limited to any board, advisory counsel, board, commission, counsel, advisory committee, task force or any other similar nomenclature.

COMMITTEE INTEREST FORM – a form maintained by the Village, required to be filled out and submitted to be considered for membership in a committee

§15-3 Establishment of committees.

A. The Village Board, by resolution, may establish committees for such purposes as it may deem necessary to assist it in the performance of its duties.

§15-4 Recruiting Members.

- A. When a committee is in need of membership, the Village Administrator or their designee will publicize the opening via official Village email, Village web site, Village social media accounts and in the Clerk’s Office, that members are sought, together with a description of purpose and duties. Such postings will remain active until the positions are filled.
- B. Interested individuals shall complete and provide the Village Administrator a Committee Interest Form, which will be available electronically and in person in the Clerk’s Office. Completed forms will be distributed to the Board of Trustees by the Village Administrator or their designee within five business days of receipt.

§15-5 Board of Trustees Obligations.

A. The Board of Trustees shall determine the purpose of any committee, its duties, its duration, and the maximum number of people permitted on the committee.

B. The Board of Trustees shall approve any committee charter.

C. When a committee is created each member of the Board is entitled to choose an equal number of members from the pool of applicants. In the event there is an odd number of applicants, any additional picks above the equal number will be chosen in the following order; first by the mayor, then by each Trustee in order of seniority by time on the Board.

D. In the event a Board member fails to select a committee member, or if there is a delay in the selection by a Board member by more than three weeks from creation of the committee, that Board member forfeits their selection, and the committee members are chosen by the remaining Board members, in order of seniority by time on the Board.

E. When a committee member resigns prior to the end of their term, the Village Board member who originally appointed the person, if still a member of the Board of Trustees, will appoint a replacement. If that Board member is no longer a member of the Board of Trustees, then the Board member with the longest seniority will choose the replacement.

F. In the event there is a Village Board liaison to the committee, the liaison will be chosen by a majority vote of the Village Board.

G. The Village Board, through majority vote, may alter the above procedure due to time constraints, the need for additional recruitment, or other pertinent reason(s) agreed to by the majority of the Village Board. Grant-related committees formed using an expedited process due to time constraints will go through the standard process described herein once the grant is awarded, and the duties and composition may be modified.

§15-6 Committee Responsibilities

A. Committees shall appoint their own chair. If no chair is identified, then the Village Board will choose the chair by majority vote.

B. Committee meetings will be posted on the Village website and on Village social media accounts at least 72 hours prior to the meeting.

C. Meeting requirements. All committee meetings will be open to the public and provide the opportunity for public comment. Agenda and minutes will be required. Meetings will be held in person, via a virtual platform, or both. Committee members participating remotely can vote and fulfill all their committee responsibilities remotely. Any meeting that is held using a virtual platform must be recorded and available for the public upon request.

§15-7. Effective Date.

This law shall become effective upon filing with the Department of State.

Annual Financial Disclosure Form

Village of Ballston Spa – Draft 11.8.23

Per Village Code §27-19, all Village of Ballston Spa officers and department heads shall file with the Village Clerk a financial disclosure statement within 45 days after taking office and no later than May 30 of each year thereafter. Such disclosure will cover the twelve-month period prior to the date of filing. Within 30 days of any material change in information contained in their most recently filed statement, the officer or employee shall file a signed amendment to the statement reflecting such change. Disclosure statements shall be maintained for a minimum period of seven years from the date of filing.

Any person or news media desiring to review the disclosure statement can submit a request pursuant to the Freedom of Information Law. Any officer or employee whose disclosure statement has been inspected or copied shall be notified of the identity of the person(s) who or organization(s) which requested to view or to copy such statement.

Definition of Family Member: A parent, stepparent, sibling, stepsibling, spouse, child (including children of spouse or domestic partner), stepchild, household member, or domestic partner of a municipal officer or employee and individuals having any of these relationships to the spouse of the officer or employee.

Matters to be disclosed on the financial disclosure form:

The officer or employee's name and title (title is optional): _____

Home address: _____

Office phone number: _____

Office email: _____

1. List any occupations, trade, business, or profession presently engaged in by you or your spouse (presently or during the past 12 months) which does business or has any matter pending with or is licensed or regulated by a Village Agency or Department.

2. The name, address and phone number of any **partnership, unincorporated association or other unincorporated business** of which you or your family member is an officer, employee, or partner and has a proprietary interest with the partnership, association or business and such entity has engaged in within the past 12 months, or is anticipated to have, any business dealings with the Village.

3. The name, address and phone number of any **corporation** of which you or your family member is an officer or director or employee, or in which you or family member legally or beneficially owns or controls more than 5% of the outstanding stock, and any such entity that has engaged in business dealings with the Village within the past 12 months, or is anticipated to have any business dealings with the Village, and your or your family member's position, if any, with the corporation.

4. List all sources of income received by the officer/employee or the officer/employee's family member from entities doing business with the Village at present or during the prior twelve months' period, or which the officer/employee anticipate will engage in business with the Village in the future. Include name and address of such entities.

5. The name, address, relationship, title and department of each family member who is an officer or employee of the Village of Ballston Spa.

6. For Officers only: The family member, their relationship, address, and type of interest, control or ownership of any real property within the Village in which the Village official or family member has an ownership or other financial interest.

7. For Officers only: Any official leadership position the officer currently holds in any political party, political committee or political organization.
