

THREE VILLAGE CENTRAL SCHOOL DISTRICT
STONY BROOK, NEW YORK

BOARD OF EDUCATION AGENDA MATERIALS

DATE OF BOARD MEETING: July 7, 2021

DATE SUBMITTED: July 2, 2021

OFFICE OF ORIGIN: Superintendent

CATEGORY OF ITEM: Organizational

TITLE: APPOINTMENT OF UNEMPLOYMENT INSURANCE SERVICES 2021-2022

STAFF RECOMMENDATION:

BE IT RESOLVED, that upon the recommendation of the Superintendent of Schools, the appointment of Industrial U.I. Services be approved as unemployment representatives specializing in unemployment insurance cost control, effective July 1, 2021, through June 30, 2022. Fee for services rendered is \$5,800 per annum, to be billed quarterly at the rate of \$1,450 per quarter.

NOT AN OFFICIAL RECORD; SUBJECT TO CHANGE



TEL: (845) 634-4620
FAX: (845) 634-4670
E-MAIL: help@industrialui.com
Website: www.industrialui.com



Unemployment
Cost Control, Inc.

TEL: (201) 798-1313
FAX: (201) 798-3011
E-MAIL: ucc@uicost.com
Website: www.uicost.com

20 SQUADRON BLVD, SUITE 101, P.O. BOX 825, NEW CITY, NY 10956

2 MARINE VIEW PLAZA, SUITE 6, HOBOKEN, NJ 07030

Please reply to this address

Please reply to this address

SERVICE AGREEMENT

Reviewed Costs, Inc. d/b/a Industrial U.I. Services, specializing in Unemployment Insurance Cost Control, hereby offers its services to:

Three Village Central School District

for the period of One (1) year beginning July 1, 2021 — June 30, 2022.

During the life of this contract, Reviewed Costs, Inc., d/b/a Industrial U.I. Services will do the following on your behalf:

Claims Control

1. Answer all claims forms as to why claimant's job came to an end. Sign this form as your representative and submit it to the Telephone Claims Center.
2. Advise you as to claimant's entitlement to benefits based upon the information submitted to the Department of Labor. On cases where the claimant is ruled eligible, and we do not believe the claimant should be, we will check with you prior to protesting the determination.
3. Record all pertinent information regarding the claimant in order to verify the claimant's entitlement, benefit rate, weeks of charges to your account.
4. If you so desire we will break down the unemployment cost by department so you can evaluate where the money is being spent.
5. "Police" the Notice of Benefit Reimbursement Charges for accuracy. This is a follow up to item 3 above plus information we receive from you as to whether or not a claimant has accepted or refused subsequent employment.

6. Notify you quarterly as to the accuracy of the billing which you receive from the Unemployment Insurance Division in Albany. We will also give you a quarterly analysis of all claimants collecting from your account and the action taken on each one.
7. Attend, as your representative, all hearings before the Administrative Law Judge Section.
8. Participate in all appeals before the Unemployment Insurance Appeal Board.
9. Work closely with our contact in your office to be certain that the individual is familiar with all forms and other relevant material needed to control claims. We will file all protests on your behalf.
10. Conduct a workshop and/or attend any relevant meetings to explain Unemployment Insurance and its cost to the Department Heads.
11. Submit a report annually to you of our activities on your behalf.
12. Either party, at its option, may terminate this Agreement for any reason by notifying the other party in writing, by certified mail, giving at least thirty calendar days notice, any time during the terms of the agreement.

FEE

Fee for our services is \$5,800.00 per annum to be billed quarterly at the rate of \$1,450.00 per quarter.

Proposed by: Mark Swartz Accepted by: _____

Date: 7/1/21 Date: _____