

February 2024 Bulletin

PLEASE PASS ME ALONG TO OTHER STATIONS!

ASSOCIATION CONTEST

CONGRATULATIONS TO THE JANUARY 2024 CONTEST WINNER, KATONAH SERVICE STATION, KATONAH, NY.

Please read through this bulletin for your chance to win!!! Call the office or email cobalde@ssdagny.org with the correct answer to the trivia question and you will be entered in the monthly drawing for a chance to receive a free month's dues; a value of \$45.00.

ATTORNEY'S CORNER

Environmental Aspects

According to the EPA, Of the estimated 450,000 Brownfield sites in the U.S., approximately one-half are thought to be impacted by petroleum, much of it from leaking underground storage tanks (USTs) at old gas stations. Soil, groundwater, surface water and air can be contaminated by gasoline spills, leaks, and improper disposal of gasoline. During the process of filling, emptying tanker trucks, and when filling cars at gas stations gasoline can be released into the air. Gasoline and diesel fuel creates byproducts like nitrogen dioxide, carbon monoxide, hydrocarbons, benzene, and formaldehyde.

Subsurface contamination (the usual findings) result from current or past releases of petroleum products from UST's, hydraulic lifts, service bays, and even car washes, they can also include releases from historic operations at the property that are unrelated to your operations at the current facility and can also exist from former operations at adjacent properties.

Is there any good news? The Department of Health and Human Services (DHHS) and the International Agency for Research on Cancer (IARC) have not classified gasoline for carcinogenicity. There is no evidence that exposure to gasoline causes cancer in humans. Whew!

Brownfields are expensive.

If you had anything to do with a Brownfield, say you leased a repair shop for two years, you are in it (Brownfield claims) as a PRP (Potentially Responsible Party). Some of the Brownfield perils include ground-level ozone caused in part by gasoline fumes, groundwater hazards from petroleum products that have leaked into the ground, and exposure hazards from other chemicals that might be used at the station if it's also a repair shop. However, the 2002 Brownfields Amendments to CERCLA (the "Small Business Liability Relief and Brownfields Revitalization Act") created a new landowner liability protection from CERCLA. The Brownfields Amendments added

specific criteria for conducting All Appropriate Inquiry (AAI) which later became known as the AAI rule. The AAI Rule provides an escape from liability called the "innocent landowner defense," but this defense can only be used to escape liability if "appropriate due diligence" was conducted prior to the acquisition of the property. The Phase I and Phase II ESAs meet the AAI rule requirements.

If you are involved, why so expensive? Building occupants at the Brownfield site (buildings are usually demolished but former occupants can and do make health related claims), construction or maintenance workers, and surrounding homes or businesses most likely will be impacted. Migration of contaminants to offsite properties and sensitive receptors can generate these third-party liabilities. The liabilities can far exceed the value of the purchased property.

Insurance

It is vital that you make sure that your pollution policies cover your "long-tail" liability in this regard. Talk to the Associations' endorsed insurance broker about policies. Call and speak to Office Manager Carla Obalde or Office Assistant Mandi Conner.

Economic Aspects

Regulatory Compliance

Regulatory compliance issues, such as compliance with tank regulations, permits, and Notices of Violation (NOVs), will require substantial capital expenditures for equipment upgrades necessary to meet current regulatory standards. Upgrade requirements may include tanks, spill containment devices, tank monitoring equipment, testing, registration, and operator training.

Where does the money come from?

Did you know that most gas stations sell an average of 4,000 gallons per day! Retailers who sell this amount typically "make" about \$100 per day selling gas (net profit available to pay other costs such as maintenance and insurance). Margins, as we know, can vary wildly throughout the year. Where is the money made? Repair shop and C-Store.

Gas stations have long been on the American landscape. The original idea behind gas stations was to provide a convenient stop for drivers to fuel their vehicles. Today, they have evolved (or died) into full-service establishments that offer a wide range of products and services,

Vincent P. Nesci, Esq.
General Counsel
Cell 914-645-7530

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SAFIRE CREDITS ARE NOW AVAILABLE TO BE USED ON NYVIP3 INSPECTION UNITS

Safire Credits (a.k.a. DMV Credits) are monies that have been credited to your facility for any unused returned secure documents (i.e., MV-50's, MV-50w's, NYS Inspection Certificates, 907A's, MV-93's)

Safire Credits can only be used for the Inspection Certificate Fee portion of an inspection on the NYVIP3 inspection equipment and cannot be used to pay for the test transaction fee which is currently set at 43.6 cents per test.

NOTE: The use of credits is optional on the stations part and only those members of a facility that have managerial level permissions can view the balance and set the stations NYVIP3 units to use credits if applicable.

How to begin using your SAFIRE Credits (a.k.a. DMV Credits) to pay the DMV Inspection Certificate fee portion of a NYVIP3 Inspection.

1. This **CANNOT** be initiated directly on the NYVIP3 Analyzer.
2. From another computer, please go to www.NYVIP3.com and sign into your account by entering your Username (facility ID number) and your Password.
3. Navigate to the "Profile" tab in the top menu bar and select "Safire Overview."
4. Check "Use SAFIRE Credits when Applicable" as shown in the photo below.
5. Next you will need to perform a Full Data File Refresh on your NYVIP3 analyzer. From the Main Menu, select #2 Utilities Menu, then select #5 Communications, then select #1 Full Data File Refresh, then click "YES" to perform. Pay attention to the screen and be sure the refresh completes successfully with a green check mark. If the data refresh fails to complete successfully, check your internet connection, and try again.

6. Your NYVIP3 will now deduct the DMV Certificate fees from your SAFIRE account balance until they have been depleted. Test authorization fees will continue to be deducted from your drawdown account.
7. You must maintain funds in your drawdown account to pay the test authorization fees of 43.6 cents per inspection.
8. Each transaction will be available for review in the SAFIRE Account History section shown above to monitor your balance and usage.
9. To stop using your SAFIRE Credits you would need to uncheck the Use SAFIRE Credits when Applicable selection made when activating the function and then perform another successful Full Data File Refresh.

Please remember that every time you perform an inspection the price of the sticker will be deducted from your Safire Credit. The test authorization will be deducted from your drawdown account as usual.

SSDGNY is a member of TST. Because you are members of SSDGNY, you are automatically able to receive certain benefits from that organization.

This means:

- Discount - Live Seminars
- Discount - Yearly Big Event & Trade Show
- Discount - Live Simulcast / Webcasts
- Discount - On-Line Videos
- Watch Members Only Videos
- Discount - Tools and Equipment
- Access to Members only Store
- Discount - Training Materials (Books)

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K.M. Steven & Company

As you may have read in our previous bulletin there is a class action suit against Visa and Mastercard. We are partnering with K.M. Steven & Company to help you with these claims.

They are a Class Action Recovery Company Headquartered in Westchester County, New York. With over 15 years of experience in the Class Action industry, they are a full-service company with solutions for Companies that have any involvement with Class Action Refunds.

K.M. Steven & Company files claims on behalf of eligible claimants in Class Action Settlements. Based on initial research they believe your company may be owed refund money on a recent settlement they are currently working on.

Hopefully, your company qualifies, and they can assist in recovering a refund for you.

These are not legal matters, they only get involved after companies settle cases against them. Just as we are the watchdog for your industry, K.M. Steven & Company became your watchdog for other opportunities to add to your companies bottom line.

All of their work is done on a contingency basis. There is no out-of-pocket cost for their services.

Their featured case is the Visa Mastercard Settlement:

All persons, businesses, and other entities that have accepted any Visa-branded cards and/or Mastercard-branded cards in the United States at any time from January 1, 2004 to January 25, 2019, except that the Rule 23(b)(3) Settlement Class shall not include (a) the dismissed plaintiffs, (b) the United States government, (c) the named defendants in this action or their directors, officers, or members of their families, or (d) financial institutions that have issued Visa-branded cards or Mastercard-branded cards or acquired Visa-branded card transactions or Mastercard-branded card transactions at any time from January 1, 2004 to January 25, 2019.

- **Settlement:** \$6 Billion
- **Class Period:** January 1, 2004 to January 25, 2019
- **Filing Deadline:** May 17, 2024

Class Action Settlements can be very complicated and challenging. Thousands of companies every year are owed refund money and don't receive what is theirs because of lack of knowledge or lack of time and expertise.

K.M. Steven & Company has the experience and the knowledge to streamline the process while companies continue to run their businesses.

If you are interested in pursuing this claim it is a straightforward process. Joe Locascio, the representative from K.M. Steven & Company, will be spearheading this project. We will work with him to help get the process going for you.

If you have any questions, you can contact the association or Joe Locascio at 914-906-2773

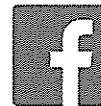
Email: joekmstevenllc@gmail.com.

REFERRALS

If you know of a station that needs our services and is interested in becoming a member, refer them to us and upon signing you will receive a \$50.00 Amazon gift card. If you know of someone interested, please contact our Sales Representative Bill Griese at 914-227-0144.

NEW EMBLEM HEALTH INSURANCE RATES

The Emblem Plans are renewing on March 1st. If you are already in the Emblem plan or if you want to enroll for the first time you must fill out the 2024 Emblem Medical Election form and enrollment form. All forms must be submitted by February 15, 2024. Please see the new rates on the last page.



Check out our
Facebook page
@SSDGNy

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FEBRUARY TRAINING

Short Training Videos Available from Vehicle Service Pros:

- Electronic Throttle Body
- Brake Service tips to avoid comebacks
- Steering and suspension diagnosis
- And more!

For more information, go to: <https://www.vehicleservicepros.com/>

Virtual World Pax, CTI Training

- Diagnosing hybrid battery packs
- Alignment best practices
- Direct injection diagnosis
- ADAS best practices
- And much more!

For more info and to register, go to: <https://ctionline.com/>

WELCOME NEW MEMBERS

In & Out Car Repair,
Tallman, NY

Ricky Auto Care, Inc.
Bronx, NY

TRIVIA QUESTION

What company can help you with your Visa Mastercard Settlement?

Call the office or email cobalde@ssdgnny.org with an answer for a chance to win a free month's dues.

CLASSIFIEDS

For Sale: You can be your own boss! Est. shop that specializes in trailer repair, snowplow and salter sales, parts and repair. We also offer vehicle up-fitting. We sell and install numerous truck bodies. The shop is geared towards landscapers and contractors' needs. The service center has an excellent reputation that repairs all makes and models of box trucks, utility trailers landscape and boat trailers. Welding and fabricating repairs/parts as needed. We have the ability to make hydraulic hoses that we make on site. The showroom is fully stocked with inventory. The shop can fit 4 vehicles inside. Shop equip. includes: 2 post lifts, torches, welder, tire changer, balancer, band saw, drill press, work benches & more. There is also a private office. We are an authorized BOSS snowplow, Ramp Rack, Buyers and Woolwax dealer. Motivated to sell IMMEDIATELY due to relocating out of the area. Great opportunity to get in now during the snow season. Please call 845-590-5800 for more information.

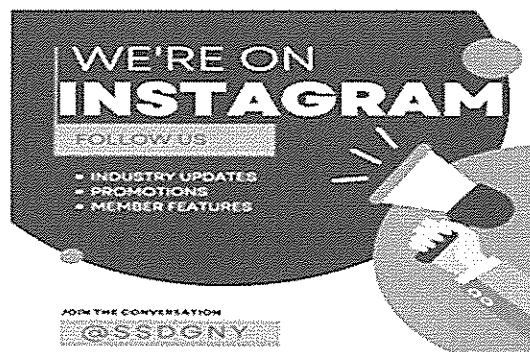
For Sale: Brand new Mobile Inspection Cabinet purchased through Global Industrial. Purchased for \$400.00 asking \$275.00 please contact 845-279-9598

I hope you enjoyed reading this month's bulletin. If you have any questions, feel free to call the association. We are here to help you and your industry.

Regards,

Carla Obalde

Operations Manager





Service Station Dealers & Automotive Services of Greater NJ

2024 Emblem Medical Election Form

EmblemHealth

Full Name _____ Station Name _____ Effective Date _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____ Home Phone Number _____ Fax Number _____

Plan Features	Plat. Premier P		Gold Premier P		Silver Premier P		Bronze Premier P	Bronze Plus H.S.A
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Deductible / Maximum Period	3/1 – 2/28		3/1 – 2/28		3/1 – 2/28		3/1 – 2/28	3/1 – 2/28
Network	Select Care		Select Care		Select Care		Select Care	Select Care
PCP Selection & Referrals	Not Required		Not Required		Not Required		Not Required	Not Required
Part D Creditable	Creditable		Creditable		Creditable		Creditable	Creditable
Plan Year Deductibles (Indiv / Family)	\$100 / \$200	\$4,000 / \$8,000	\$500 / \$1,000	\$6,000 / \$12,000	\$5,600 / \$11,200	\$8,000 / \$16,000	\$7,100 / \$14,200	\$7,400 / \$14,800
Deductible Type	Embedded		Embedded		Embedded		Embedded	Embedded
Plan Year Out-of-Pocket Max (Indiv / Family)	\$2,300 / \$4,600	\$10,000 / \$20,000	\$7,800 / \$15,600	\$12,000 / \$24,000	\$9,400 / \$18,800	\$18,000 / \$36,000	\$9,450 / \$18,900	\$8,000 / \$16,000
Maximum Type	Embedded		Embedded		Embedded		Embedded	Embedded
Primary Care Visit	\$0 first 3 Visits then \$10 Copay	50% after Ded	\$0 first 3 Visits then \$25	50% after Ded	\$0 first 3 Visits then \$35 Copay	50% after Ded	\$0 first 3 visits then 50% after Ded	50% after Ded
Specialist Visit	\$35 Copay	50% after Ded	\$50 Copay	50% after Ded	\$75 Copay	50% after Ded	50% after Ded	50% after Ded
Telemedicine Services	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	\$0 Copay after Ded
Diagnostic Lab in PCP Office	\$10 Copay	50% after Ded	\$25 Copay	50% after Ded	\$35 Copay	50% after Ded	30% after Ded	30% after Ded
Diagnostic Lab in Specialist Office	\$35 Copay	50% after Ded	\$50 Copay	50% after Ded	\$75 Copay	50% after Ded	50% after Ded	50% after Ded
X-Ray in PCP Office	\$10 after Ded	50% after Ded	\$25 after Ded	50% after Ded	\$35 after Ded	50% after Ded	30% after Ded	30% after Ded
X-Ray in Specialist	\$35 after Ded	50% after Ded	\$50 after Ded	50% after Ded	\$75 after Ded	50% after Ded	50% after Ded	50% after Ded
Hospital Outpatient Surgery	\$250 after Ded	50% after Ded	\$350 after Ded	50% after Ded	\$450 after Ded	50% after Ded	50% after Ded	50% after Ded
Hospital/Maternity Inpatient Services,	20% after Ded	50% after Ded	30% after Ded	50% after Ded	40% after Ded	50% after Ded	50% after Ded	50% after Ded
Mental Health Office Visit	\$0 first 3 Visits then \$10 Copay	50% after Ded	\$0 first 3 Visits then \$25 Copay	50% after Ded	\$0 first Visit then \$35 Copay	50% after Ded	\$0 first visit then 50% after Ded	50% after Ded
Ambulance Services	\$250 after Ded		\$350 after Ded		\$450 after Ded		50% after Ded	50% after Ded
Emergency Room	20% after Ded		30% after Ded		40% after Ded		50% after Ded	50% after Ded
Urgent Care	\$100 after Ded	50% after Ded	\$100 after Ded	50% after Ded	\$100 after Ded	50% after Ded	50% after Ded	\$100 after Ded
Prescription Drug Coverage								
Rx Plan Year Deductible	\$100 / \$200	N/A	\$150 / \$300	N/A	\$250 / \$500	N/A	Combined with Med, Tier 2 & 3	Combined with Medical, all tiers
Retail	\$5 / \$30 after Ded / \$65 after Ded	N/A	\$7 / \$40 / \$80	N/A	\$20 / \$40 / \$100	N/A	\$50 / 50% / 50% after Ded	\$35 / \$65 / \$115 after Ded
Mail Order	\$12.50 / \$75 after Ded / \$162.50 after Ded	N/A	\$17.50 / \$100 / \$200	N/A	\$50 / \$100 / \$250	N/A	\$125 / 50% / 50% after Ded	\$87.50 / \$162.50 / \$287.50 after Ded
MONTHLY PREMIUM AND PLAN SELECTION								
Single	<input type="checkbox"/> \$1,596.02		<input type="checkbox"/> \$1,272.88		<input type="checkbox"/> \$1,088.08		<input type="checkbox"/> \$946.58	<input type="checkbox"/> \$959.67
EE/Spouse	<input type="checkbox"/> \$3,109.04		<input type="checkbox"/> \$2,462.76		<input type="checkbox"/> \$2,093.16		<input type="checkbox"/> \$1,810.16	<input type="checkbox"/> \$1,836.34
EE/Child(ren)	<input type="checkbox"/> \$2,655.13		<input type="checkbox"/> \$2,105.80		<input type="checkbox"/> \$1,791.64		<input type="checkbox"/> \$1,551.09	<input type="checkbox"/> \$1,573.34
Family	<input type="checkbox"/> \$4,395.11		<input type="checkbox"/> \$3,474.16		<input type="checkbox"/> \$2,947.48		<input type="checkbox"/> \$2,544.20	<input type="checkbox"/> \$2,581.51

- CVS/Target is NOT an EmblemHealth participating pharmacy.
- Please visit EmblemHealth at <https://www.emblemhealth.com/Members> to find in network providers.
- EmblemHealth transaction/enrollment form must be completed in addition to medical election form for any changes.

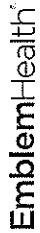
"By signing below, in order to avoid cancellation, I agree to pay all insurance premiums by the end of the billing month."

Signature _____

Date _____

Please return completed form via Secure Fax to:
(914) 962-0108. If you have any questions, please call (866) 573-4768 ext. 2481 www.emblemhealth.com

Station Name: _____ Station Phone: _____



TRANSACTION FORM FOR GROUP ACCOUNTS

I. SUBSCRIBER INFORMATION

Last Name		First Name		M.I.	Sex	Social Security Number	
Street Address		Apt.	City	State	ZIP Code		
Were you ever a member of EmblemHealth? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, member ID: _____		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner		Home Tel. #: _____ Work Tel. #: _____ Cell Tel. #: _____		Email Address: _____ <input type="checkbox"/> "GO PAPERLESS" and save trees (see back of form)*	
Applicant's hours worked per week: <input type="checkbox"/> at least 30 hours <input type="checkbox"/> less than 30 hours <input type="checkbox"/> COBRA		Type of Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Employee & Spouse/DP <input type="checkbox"/> Employee & Child		Note: If electing Young Adult Coverage, please submit a completed Young Adult Election Form.			
Primary Care Physician Name: (Not required for EP/PPPO members) _____		ID Number: _____					
OB/GYN Selection Name: (Optional) _____		ID Number: _____					

NO YES if YES, indicate:
Are you covered by any other health insurance or Medicare?
 Insurance Co. Name: _____
 Insurance Co. Telephone #: _____ Type of Coverage: _____
 Policy #: _____ Effective Date: _____

II. ENROLLMENT INFORMATION — IF YOU ARE ENROLLING YOUR SPOUSE/DP AND/OR CHILDREN, PLEASE LIST EACH ONE BELOW — SEE SELECTION OF COVERAGE FOR ELIGIBILITY

Note: A birth/marriage certificate or 1040 Form will be required for spouse/dependents with different last name.

DEPENDENT	Last Name (if different)	First Name	Social Security Number	Sex	Relationship	Birth Date		Primary Care Physician Name/ID Number (Not required for EP/PPPO members)	OB/GYN Selection Name/ID Number (optional)
						Mo.	Day		
DEPENDENT									
DEPENDENT									
DEPENDENT									
DEPENDENT									

Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____
 Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____
 Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____

*For dependent adult children incapable of self-sustaining employment, please see Section A on the back side of this form to check the appropriate "Add Dependent" box, and follow the instruction for required documentation.

Your signature is required to process this form. Your signature attests that you have read the reverse side of this form.
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact associated with such application commits a fraudulent insurance act. Such act is a crime, and will be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant must sign here: _____ **Date:** _____

III. EMPLOYER INFORMATION — THIS SECTION TO BE COMPLETED BY EMPLOYER/CONTRACTOR GROUP

Name of Group: Inter-City Insurance Fund		Group Number: 1102707		<input checked="" type="checkbox"/> EmblemHealth <input type="checkbox"/> GHI <input type="checkbox"/> GHI HMO <input type="checkbox"/> HIP	
Requested Effective Date: _____		Hire Date: _____		Plan Name: _____	
Medical: _____ Dental: _____		Waiting Period: _____		Date Submitted: _____	
Approved By: (Group Plan Administrator) _____					

If you selected a small group metal plan, please check which type: Gold Silver Bronze

Instructions to Benefit Administrators or Group Representatives: For groups with 50 employees or fewer, you MUST complete Section A on the reverse side of this form. Required documentation MUST be attached to this Transaction Form to be processed.