Robert P. Mallen

Objective

- The objective of this resume is to be considered for the position of Deputy Building Inspector/Fire Inspector, to serve alongside the other dedicated and professional members of the Town of Beekman and its associates.

Experience

TOWN OF PATTERSON | FIRE INSPECTOR | JUNE 2025 TO PRESENT

- Perform all commercial fire and life safety building inspections in accordance with New York State Uniform code and adopted local code for the Town of Patterson.
- Perform all residential rental property fire and life safety inspections in accordance with New York State Uniform code and adopted local code for the Town of Patterson.
- Issue all formal and non-formal code violation notices in accordance with state and local law.
- Investigate citizen complaints for fire safety and property maintenance violations.
- Perform all clerical and administrative duties relative to the position.
- Maintain NYS Certification through continuous education and training provided by the state and local authorities.

SUPERVISORY FIREFIGHTER/EMT-B/TRAINING INSTRUCTOR | VA HUDSON VALLEY FIRE DEPARTMENT | 2004 TO PRESENT

- Provide continuous all hazards protection and emergency response to the veterans, employees and visitors of the VA Hudson Valley, Castle Point and Montrose Campuses, and the local community.
- Daily activities included but are not limited to: Apparatus inspections, Personal Protective Equipment (PPE) inspections, issuing hot work and confined space entry permits per department SOP. Conduct and participate in daily training per department schedule.
- Monthly, semi-annual, and annual activities include but are not limited to: Building fire and life safety inspections, sprinkler testing and inspection, fire alarm testing and maintenance, fire extinguisher inspection and maintenance.
- Complete annual competency training to meet NFPA 1001 (Firefighter), NFPA 1002 (Driver-Operator), NFPA 1006 (Confined Space Rescue Technician), NFPA 1021 (Fire Officer), NPFA 472 (Hazardous Materials Technician), as well as other federal, state and department specific standards.
- Currently assisting in instructing department annual training and new member training.
- Perform the duties of a Supervisory Firefighter/EMT/Driver-Operator, which includes but is not limited to responding to EMS, Fire, Rescue and Hazardous Materials emergencies, Fire Prevention and Education, Equipment Maintenance and Station Maintenance.
- Daily supervision of between 6-9 Firefighter/EMTs and Firefighter/Paramedics.
- Main responsibilities included all Inspection, Testing and Maintenance (ITM) record keeping in accordance with all JHACO, NPFA, OSHA and applicable federal and state codes and regulations.
- Coordinator for all Inspection, Testing and Maintenance (ITM) of Fire Alarm systems, Sprinkler Systems and Fire Extinguishers.
- Served as the department's training officer from 2011 to present.

DISTRICT FIRE CHIEF/EMT-B | BEEKMAN FIRE DISTRICT | 1995 TO PRESENT

- Provide fire protection, emergency medical service and fire prevention details to the 15,000 residents of the Town of Beekman and its surrounding communities.
- Respond to any given Fire, EMS, Hazmat and Rescue emergencies within the 36 square mile

district and surrounding communities.

- Responsible for the administration and supervision of an 85-member department, including 12-line officers.
- Responsible for the upkeep and maintenance of 13 fire district vehicles.
- Responsible for preparation, expenditure and tracking of a 1.3-million-dollar budget.
- Held the positions of Engine Company Lieutenant, (2000-2002) Engine Company Captain (2002-2005), District Assistant Chief (2005-2010, 2018-2022), District Chief (2010-2013, 2022-Present) and Interim Fire Commissioner (2014)

INDUSTRIAL FIREFIGHTER/EMT-B/HAZMAT TECHNICIAN | IBM EMERGENCY CONTROL-POUGHKEEPSIE | 2002 TO 2004

- Provide Fire, EMS and Hazardous Materials responses to the employees and visitors of the IBM Poughkeepsie Industrial site.
- Perform the duties of a Firefighter/EMT/Driver-Operator, which includes but is not limited to: EMS, Fire Suppression, Hazardous Materials response, Fire Prevention and Education, Equipment Maintenance and Station Maintenance.
- Daily activities included but not limited to: Apparatus inspections, Personal Protective Equipment (PPE) inspections, issuing hot work and confined space entry permits
- Monthly activities included but not limited to: Building fire safety inspections, sprinkler testing and inspection, fire alarm testing and maintenance, fire extinguisher inspection and maintenance.
- Ran the department confined space entry program. Responsible for coordination and verification of contractor certifications, confined space identification, inspection and labeling.
- Served as Shift Leader, responsible for the supervision of 4 other Fire Brigade members.

Education

HIGH SCHOOL GRADUATE | 1998 | ARLINGTON CENTRAL SCHOOL DISTRICT

- Graduated from Arlington High School in June of 1998
- Excelled in mathematics, physical education and vocational courses.
- Also attended Dutchess County BOCES for 2 years in the Auto Body Repair and Restoration program.

Certifications

NATIONAL CERTIFICATIONS:

- National Firefighter 1
- National Firefighter 2
- National Hazardous Materials-Operations
- National Apparatus Operator- Pump
- National Fire Instructor 1
- National Fire Instructor 2
- National Fire Inspector 1
- National Fire Inspector 2
- National Fire Officer 1
- National Fire Officer 2
- National Fire Officer 3
- FEMA ICS-100
- FEMA ICS-200
- FEMA ICS-300
- FEMA ICS-700
- FEMA ICS-800

NEW YORK STATE CERTIFICATIONS:

- Emergency Medical Technician-Basic
- Recruit Firefighter 1
- Recruit Firefighter 2
- Rescue Technician- Basic
- Confined Space Rescue- Technician
- Hazardous Materials- Technician

- Hazardous Materials- Advanced Technician

NEW YORK STATE INSTRUCTOR AUTHORIZATIONS:

- Basic Exterior Firefighting Operations
- SCBA/Interior Firefighting Operations
- Hazardous Materials Operations
- Firefighter 2 with AVET
- Conducting Emergency Escape System Training for Company Officers
- Firefighter Survival
- Rescue Technician Basic
- Confined Space Awareness and Safety
- Confined Space Rescue: Technician
- Principles of Building Construction: Combustible
- Principles of Building Construction: Non-Combustible
- Fire Behavior and Arson Awareness
- Apparatus Operator: Aerial
- Apparatus Operator: Pump
- Emergency Vehicle Operations
- Basic Structural Collapse Awareness
- Trench Collapse Awareness
- Truck Company Operations
- Accident Vehicle Extraction Techniques (AVET)
- National Certification Evaluator Training

Additional Information

ADDITIONAL CERTIFICATES OF COMPLETION:

Currently I possess IFSAC/Proboard Fire Inspector 1 and Fire Inspector 2 national certifications. I have also completed NYS Building Codes 9a thru 9e for Building Safety Inspector and Code Enforcement Officer.

ADDITIONAL INFORMATION:

- Proficient in the use of Microsoft Word, Excel, PowerPoint, Outlook and various fire department systems and programs.
- Proficient in the use of various local, state, and federal code reference materials.
- Knowledgeable in most applicable NFPA, JHACO and OSHA standards/regulations

References:

Name	***Organization***	***Phone Number***	***Email***
Chief Greg Rayburn (ret.)	Beekman Fire District		
Lieutenant John Adams Jr.	Larchmont Fire Department		
Deputy Chief Andy Jones	NYS DHSES		

May 6, 2026

Supervisor Laureen Abbatantuono
Town of Beekman
4 Main Street
Poughquag, NY 12570

Re: July 1, 2026 - Group Health & Dental Insurance Renewals

Hi Laureen,

Back in January, when you asked for an estimated premium increase on the group health plan, I projected a 15% increase. The final renewal came in at 14.05%. There is no rate increase for the voluntary dental plan with Delta Dental.

MVP has made an adjustment to the plan deductible, increasing it from $1,650 per individual / $3,300 per family to $1,750 per individual / $3,500 per family.

I also reviewed alternative options. The closest comparable rates were again with CDPHP, though their pricing is slightly higher than MVP for a similar plan design.

When evaluating overall value, including premium, plan design, and national network access, MVP remains the strongest option.

While there are several factors contributing to ongoing rate increases, this trend is being seen both nationally and regionally, with double-digit increases becoming more common in recent years.

Attached to this email are the following:

- **Renewal Options Summary** – Compares MVP's current and renewal rates to CDPHP
- **7/1/2026 Health & Dental Plan Renewal Summary (No Changes)** – Breakdown by employee
- **7/1/2026 Health & Dental Plan Renewal Summary (CDPHP Gold Alternative)** – Breakdown by employee
- Detailed Plan Summary of MVP's Gold 2 HDHP Plan.
- Detailed Plan Summary of CDPHP's Gold 225 HDHP Plan.

Please call me with any questions.

Thank you.
Bill
William (Bill) Humphrey
Employee Benefits Specialist
Tel# (845) 226-8057

Dutchess CountyAgent

CDPHP® HDEPO Plan Benefit Summary

Marketing Plan ID: 225
Plan Code: SUGF4566
Group ID: PROSPECT
Presented For: PROSPECT
Date Prepared:
Effective Date: 20260101
Metal Tier: GOLD

	In-Network
Cost Sharing Information	
Deductible	$1,700 Single / $3,400 Family (Aggregate)
Out of Pocket Maximum	$5,500 Single / $11,000 Family (Embedded)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Office Visits	
PCP	Deductible then $20 Copayment
*PCP Cost share waived after deductible for members that are under the age of 19	
Specialist	Deductible then $20 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Deductible then Covered in Full
Other Participating Telemedicine Providers (Valera, aptihealth)	Deductible then $20 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider
Preventive and Well Care Services*	
Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full
Mammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Bone Density Tests	Covered in full
*Cost sharing may apply to diagnostic care	
Retail Prescription Drugs	
*Deductible applies. Preventive prescription drugs are not subject to the medical plan deductible.	
Preferred Pharmacy Network Tier 1 Drugs (*Tier 1 drug cost share waived for members that are under age of 19)	$10 Copayment
Preferred Pharmacy Network Tier 2 Drugs	$30 Copayment
Preferred Pharmacy Network Tier 3 Drugs	$50 Copayment
Non-Preferred Pharmacy Network Tier 1 Drugs	50% Coinsurance
Non-Preferred Pharmacy Network Tier 2 Drugs	50% Coinsurance
Non-Preferred Pharmacy Network Tier 3 Drugs	50% Coinsurance
Specialty Drugs	$50 Copayment
Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). Mail order, 2.0 Preferred Tier Copayments for a 90 day supply. Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program. Information on your formulary can be found here.	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then $250 Copayment
Outpatient Surgery Facility * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then $200 Copayment
Outpatient Surgery - Surgeon's Services	Deductible then $50 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	Deductible then $250 Copayment
Newborn Nursery	Deductible then Covered in full
*(Non-routine services may result in an additional cost share)	

CDPHP® HDEPO Plan Benefit Summary

Marketing Plan ID: 225
Plan Code: SUGF4566
Group ID: PROSPECT
Presented For: PROSPECT
Date Prepared:
Effective Date: 20260101
Metal Tier: GOLD

	In-Network
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then $150 Copayment
Ambulance	Deductible then $150 Copayment
Urgent Care	
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	Deductible then $65 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	Deductible then $20 Copayment
Outpatient Hospital or Office Based Radiology and Imaging Services (X-ray, Ultrasound): * Copayment waived if provider is a preferred center.	Deductible then $20 Copayment
Outpatient Hospital or Office Based Advanced Imaging Services (MRI, CT Scan, PET Scan):	Deductible then $120 Copayment
Prescription Drugs Administered in Office or Outpatient Facilities*	
PCP Office	Deductible then 20% Coinsurance
Specialist Office	Deductible then 20% Coinsurance
Outpatient Facility	Deductible then 20% Coinsurance
*the cost share applies to the drug only, there is no separate cost share for the administration of the drug	
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	Deductible then $250 Copayment
Mental Health/Substance Use Office-Based Services (Including Telemedicine Providers (Valera, aptihealth))	Deductible then $20 Copayment
*(Up to 20 visits per plan year may be used for substance use family counseling.)	
Outpatient Rehabilitation/Habilitation Services*	
Physical Therapy	Deductible then $20 Copayment
Speech Therapy	Deductible then $20 Copayment
Occupational Therapy	Deductible then $20 Copayment
*(60 visits per condition per plan year combined therapies for PT, OT, ST)	
Condition Support Services	
Home Health Care (40 visits per plan year)	Deductible then Covered in full
Skilled Nursing Facility (365 days per plan year)	Deductible then $250 Copayment
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	Deductible then $20 Copayment
Prosthetic Devices and Durable Medical Equipment	Deductible then 50% Coinsurance
Hearing Aids	Deductible then $399 or $699 Copayment through TruHearing
Diabetic Services	
Insulin	Covered in full
Oral Medications	Deductible then $20 Copayment
Needles and Syringes	Deductible then $20 Copayment
Diabetic DME (Insulin Pumps/Omni Pods, Glucose Monitors)	Deductible then $20 Copayment
Vision Services	
Routine Adult Vision Exam (One exam per plan year)	Deductible then $20 Copayment
Adult Glasses/Contacts	Coverage is for standard lenses and frames or contact lenses, up to a $75 reimbursement after deductible has been met
Routine Pediatric Vision Exam (One exam per plan year)	Deductible then $20 Copayment
Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)	Deductible then 50% Coinsurance
Laser Eye Surgery	Up to a maximum of $750 reimbursement for eligible eye surgeries and consultations per lifetime

CDPHP® HDEPO Plan Benefit Summary

Marketing Plan ID: 225
Plan Code: SUGF4566
Group ID: PROSPECT
Presented For: PROSPECT
Date Prepared:
Effective Date: 20260101
Metal Tier: GOLD

	In-Network
Wellness Care	
Weight Management	Up to a $100 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Subscribers can be reimbursed up to $400 per plan year for qualified fitness activities. Of the $400, up to $200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined $200 for qualified fitness activities and youth sports fees for members under age 18. Of the $200, up to $100 can be applied for reimbursement of wearable fitness devices.
Child Birthing Classes	Up to $75 reimbursement available for completion of child birthing class
Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	$1,500
Life Points Rewards	Participating (Up to $180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	Deductible then $20 Copayment
Nutritional Counseling	Deductible then $20 Copayment
Chiropractic Benefits	Deductible then $20 Copayment

This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.

CDPHP UBI gives you access to more than 825,000 participating practitioners and providers nationwide, including many of the major hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at www.cdphp.com.

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.

New York
Plan Name: MVP EPO Gold 2 HDHP
Plan Form: NY-EPOH-SG-002 (2026)
Plan Status: Active

Plan Cost-Sharing Highlights	Coverage Information	Limits and Exclusions
Annual Deductible per Contract Year	$1,750 Person/$3,500 Family - Aggregate	None
Co-insurance	As Noted Below	None
Annual Out-of-Pocket Maximum	$5,000 Person/$10,000 Family - Embedded	None
Primary Care Physician Office Visits	$10 copay*	None
Specialist Office Visits	$20 copay*	None
Preventive & Well Care Services		
Well Child Care & Immunizations Adult Annual Physical (One per Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults Colonoscopy /Sigmoidoscopy Screening Bone Density Tests	Covered in Full. For a full list of covered preventive care services, visit mvphealthcare.com.	None
Physician Office Visits		
Diagnostic Laboratory Services	PCP: $10 copay*/Spec: $20 copay*	None
Diagnostic X-ray	PCP: $10 copay*/Spec: $20 copay*	None
Advanced Imaging Services (CT/PET scans, MRIs)	Spec: $75 copay*/Free-Stnd: $75 copay*	None
Rehabilitative Services (PT/OT/ST)	$20 copay*	54 visits per condition, per Plan Year combined therapies
Allergy Services	$20 copay*	Cost share dependent on location of services
Chemotherapy Visit	$20 copay*	None
Inpatient Services - Hospital		
Medical/Surgical Admissions	$200 copay*	Per continuous confinement
Surgical Services	$25 copay*	None
Inpatient Physical Rehabilitation	$200 copay*	60 days per Plan Year Combined Therapies
Outpatient Hospital Services		
Hospital Rehab Services (PT/OT/ST)	$20 copay*	54 visits per condition/year combined therapies
Diagnostic Laboratory Services **	$20 copay*	None
Diagnostic X-ray **	$20 copay*	None
Advanced Imaging Services (CT/PET, scans, MRIs) **	$75 copay*	None
Ambulatory/Outpatient Surgery **	$200 copay*	None
Emergency Care		
Emergency Room (ER) Visit	$75 copay*	None
Urgent Care Centers	$20 copay*	None
Ambulance (Emergency Medical Transportation)	$75 copay*	None
Maternity Services		
Maternity – Prenatal Care	Covered in Full	None
Maternity – Physician Delivery	$25 copay*	None
Maternity – Inpatient Hospital Services	$200 copay*	None

*Deductible applies to this benefit

New York
Plan Name: MVP EPO Gold 2 HDHP
Plan Form: NY-EPOH-SG-002 (2026)
Plan Status: Active

	Coverage Information	Limits and Exclusions
Behavioral Health Services		
Mental Health Inpatient Hospital	$200 copay*	Including residential treatment
Mental Health Outpatient	$10 copay*	None
Substance Use Disorder Inpatient Hospital	$200 copay*	Including residential treatment
Substance Use Disorder Outpatient	$10 copay*	Unlimited; Up to 20 visits per plan year may be used for family counseling
Residential Treatment	$200 copay*	None
Other Services		
Physician Administered Drugs	20% coinsurance*	None
Skilled Nursing Facility	$200 copay*	200 days per plan year
Home Health Care	$20 copay*	60 visits per year
Hospice	Inpt: $200 copay* / Outpt: $20 copay*	210 days per plan year, 5 visits for family bereavement counseling
Durable Medical Equipment	50% coinsurance*	Standard equipment covered
Diabetic Supplies & Equipment	$10 copay*	Diabetic Insulin Covered in full In Network
Chiropractic Benefit	$20 copay*	None
Acupuncture	50% coinsurance*	12 visits per plan year
Prescription Drug Coverage		
Tier 1	Pharm: $10 copay*/Mail: $25 copay*	30 day retail/90 day mail order; preventive drugs deductible waived
Tier 2	Pharm: $30 copay*/Mail: $75 copay*	30 day retail/90 day mail order; preventive drugs deductible waived
Tier 3	Pharm: $50 copay*/Mail: $125 copay*	30 day retail/90 day mail order; preventive drugs deductible waived
Prescription Drug Deductible	Subject to annual deductible	None
Vision Care		
Adult Vision Care	Not covered	None
Pediatric Vision Care	$20 copay*	One exam per 12-month period
Other Plan Features		
Gia® Virtual Care	0% coinsurance	None
Wellness Benefits	$600 allowance	Get reimbursed up to $600 per contract, per calendar year with MVP's Well-Being Reimbursement
Plan Highlights	Specialty virtual care providers included in Gia may be subject to the plan's applicable cost-share.	
Pediatric Dental	Preventive, Routine, and Major (including medically-necessary orthodontia) – See Schedule of Benefits for Cost Share Details. *Services can be obtained from any licensed provider.*	
**Preferred Provider Facilities	Laboratory, radiology, and ambulatory services at a preferred provider facility will be covered in full, after deductible (if applicable). Find a preferred provider facility in your area at mvphealthcare.com.	

This plan overview is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage (COC), Schedule, and any applicable Rider(s), your COC, Schedule, and Rider(s) will be controlling. For plan details, please call 1-800-TALK-MVP (825-5687), or visit mvphealthcare.com.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

*Deductible applies to this benefit

Town of Beekman

Group Health Insurance Renewal 7/1/2026

Current MVP Gold 2 Plan (7/1/2025 - 6/30/2026)	
Monthly Premium	**$49,064.70**
Annual Premium	$588,776.40
Maximum Annual HRA Expense	$49,500.00
Potential Annual Expense	$638,276.40

Renewal - MVP Gold 2 Plan (7/1/2026 - 6/30/2027)		% Increase
Monthly Premium	**$55,957.29**	**14.05%**
Annual Premium	$671,487.48	
Maximum Annual HRA Expense	$52,500.00	
Potential Annual Expense	$723,987.48	**13.43%**

Option - CDPHP Gold Plan (7/1/2026 - 6/30/2027)		% Increase
Monthly Premium	**$56,701.68**	**15.57%**
Annual Premium	$680,420.16	
Maximum Annual HRA Expense	$51,000.00	
Potential Annual Expense	$731,420.16	**14.59%**