SECURITY BENEFIT FUND
of the
Uniformed Firefighters Association
of Greater New York · Local 94 I.A.F.F. AFL-CIO
204 EAST 23rd STREET, NEW YORK, N.Y. 10010
Telephone: (212) 683-4723 Fax: (212) 683-0693

NOTICE OF CHANGE OF ADDRESS / PHONE / EMAIL

YOUR INFORMATION

Last Name _____ First Name _____ Middle Name _____

Social Security # _____

Current Unit & Group _____ Previous Unit & Group _____

☐ Active Firefighter ☐ Company Delegate

☐ Change in Company Delegate Please list name of former delegate:_____

☐ Retired Firefighter _____ _____
Date of Retirement Last Dept. Unit assigned to

NEW ADDRESS

Address:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Email Address:		

PREVIOUS ADDRESS

Address:		
City:	State:	Zip Code:

☐ **My beneficiary status has also changed. Please send me a new Benefits Enrollment Card so I may update my beneficiary/ies.**

_____ _____
Signature Date

*(Please do not write below – **for office use only**)*

SBF Records _____ _____
Signature Date

UFA Records _____ _____
Signature Date