



**SECURITY BENEFIT FUND
OF THE
UNIFORMED FIREFIGHTERS ASSOCIATION**

OF GREATER NEW YORK • LOCAL 94 I.A.F.F. AFL-CIO

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**URGENT – IF YOUR INFORMATION IS NOT UP
TO DATE, THERE IS RISK OF A BREAK IN YOUR
BENEFITS / COVERAGE!**

Dear Retired Member (or Spouse):

The Retired Firefighters Security Benefit Fund of the Uniformed Firefighters Association purchased a Medicare Part D Prescription Drug Plan, SilverScript, for all Medicare eligible members and their eligible dependents. **To ensure coverage in this plan, it is imperative that you or your eligible dependent get your Medicare Card AS EARLY IN ADVANCE AS POSSIBLE. You can go to the Social Security Office to obtain the card as far as 3 months in advance – even if you don't plan on receiving Social Security Benefits.**

When you or your eligible dependent receives a Medicare card, you submit a copy of your MEDICARE Card along with the NAME OF YOUR HEALTH CARE PLAN to the Retired Security Benefit Fund at the above address, or FAX a copy to 212-683-0693, Attention: Medicare/Samantha.

If you are not Medicare eligible, but your eligible dependent is, you must include your name (the Member's Name), the Member's social security number and the name of your Health Care Plan along with a copy of your eligible dependent's Medicare card.

**IF YOU HAVE ALREADY SUBMITTED A COPY OF YOUR
MEDICARE CARD & THE NAME OF YOUR HEALTH CARE
PLAN, THEN PLEASE DISREGARD THIS LETTER**

Please note the SilverScript plan is **only for Medicare Part D prescription drug coverage. You can be in only ****ONE**** Medicare prescription drug plan at a time.** Therefore, if you currently have a medical plan that includes prescription drug coverage under your basic Medicare plan e.g. HIP-VIP; Empire MediBlue; CIGNA, etc., please check to make sure you will not lose your coverage if you are enrolled into the SilverScript Medicare Part D group plan. **If you need to contact SilverScript to dis-enroll, please make sure you call them ASAP at 866-412-5373, and that you also notify the UFA/SBF ASAP at 646-839-6593.**

Furthermore, if your address is a PO Box, this may cause a delay or a lapse in your prescription coverage. In order to prevent a lapse in coverage, please contact the UFA/SBF to update your mailing address to a street address ASAP.

Reminder – Once you (or your eligible dependent) become Medicare eligible, PICA will no longer be available.

In addition to submitting the information (Medicare Card) to the Retired Security Benefit Fund, you must **also** submit the information (Medicare Card) to: City of New York, Employee Health Benefits Program at 40 Rector Street, 3rd Floor, New York, NY 10006. Attached is a copy of the City's Guidelines. Please read carefully as it may have an impact on your health coverage.

Fraternally,

A handwritten signature in cursive script that reads "Gerard Fitzgerald". The signature is written in black ink and is positioned above the printed name and title.

Gerard Fitzgerald
Chairman

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2 Attachments: Medicare Guidelines, [RFSBF Summary of Benefits](#)

IMPORTANT MEDICARE GUIDELINES
For RETIREES and their COVERED DEPENDENTS
REGARDING MEDICARE

- **City coverage and Medicare coverage**
When you or your covered dependent becomes eligible for Medicare at age 65 **OR** through special provisions of the Social Security Act for the Disabled, you and/or covered dependent's first level of health benefits coverage is provided by Medicare.
- **Maintaining maximum health coverage**
In order to maintain **maximum** health benefits, it is important that you and/or covered dependent enroll in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) at the local Social Security Office as soon as you and/or covered dependent is eligible. **If you and/or covered dependent does not enroll in Medicare, you and/or dependent will lose whatever benefits Medicare would have provided. The City's Health Benefits Program will only provide supplemental medical and hospital coverage and only through the GHI/Empire BlueCross Blue Shield Senior Care Plan. You and/or eligible dependent cannot be enrolled in a Medicare HMO without having both Medicare Part A and Part B.**
- **Enrolling in Medicare Parts A and B**
If you and/or covered dependent reaches age 65 and is receiving Social Security benefits you and/or covered dependent will automatically get Part A and Part B starting the first day of the month you turn age 65. If you and/or dependent is disabled and under age 65, that person will automatically get Part A and B after receiving Social Security disability for 24 months. You and/or eligible dependent will receive a Medicare card in the mail about 3 months before the 65th birthday or the 25th month of disability. If you and/or eligible dependent is eligible for Medicare Part B but does not accept it when first eligible there is a 10% premium penalty for each year you and/or eligible dependent was eligible but did not enroll. **If you do not keep Medicare Part B refer to the above to see how this affects your City health coverage.**
PLEASE NOTE: A Member need not take Part "B" if he is employed and has coverage from another employer. He MUST apply for Part "B" Coverage THREE MONTHS prior to leaving his other employment. If his spouse is employed and covers member, he need not take Medicare Part "B" until 3 months before spouse leaves her employment. If a Member or Spouse chooses NOT to enroll with Part B, both the UFA and Office of Labor Relations should be notified. See #8 on the Checklist for how to contact both.
For more information contact Social Security at 800-772-1213.
- **City reimbursement of Medicare Part B premiums**
The City reimburses the monthly Medicare Part B premiums **for those who are enrolled in a Medicare plan through the City of New York Health Benefits Program.** The reimbursement is issued once a year, usually in June for the prior calendar year. In order to receive the reimbursement you and/or covered dependent must send a copy of the Medicare card, showing the Medicare Part A and Part B effective dates, to the Health Benefits Program, 40 Rector Street, 3rd floor, New York, NY 10006. **A reimbursement will not be issued unless a copy of this card has been sent to the Health Benefits Program.**

MEDICARE CHECKLIST

URGENT – IF YOUR INFORMATION IS NOT UP TO DATE, THERE IS RISK OF A BREAK IN YOUR BENEFITS / COVERAGE!

IDEALLY, approximately 3 (THREE) months prior to turning 65 you should VISIT your local Social Security Office to register for Medicare. Even if you don't plan on collecting Social Security yet.

Once you receive your Medicare Card, make a copy of the card and write down on the copy the following:

1. The Member's Name
2. Spouse's Name if it is the Spouse going into Medicare.
3. The full social security number of the Member
4. A Phone # you can be reached at
5. The name of your Medical Insurance (GHI, HIP, HIP VIP, etc.)
6. Once this is done, make 2 copies of the document with all the information above written on it. You're going to send ONE copy to the Uniformed Firefighters Association / Retired Firefighters Security Benefit Fund (UFA RFSBF), and another copy to the NYC Office of Labor Relations (NYC OLR).
7. If you have a PO Box for your mailing address, it is important to update your mailing address to a STREET ADDRESS or this can adversely affect your enrollment in the SilverScript Prescription Plan.
8. If you have alternative prescription plan coverage, and wish to keep that, please include a note stating that you DO NOT WISH to be enrolled in SilverScript at this time.

Send first copy to:

Uniformed Firefighters Association / Retired Firefighters Security Benefit Fund
204 East 23rd Street, 3rd Floor ATT: MEDICARE/SAMANTHA
New York, NY 10010-4697

or FAX to 212-683-0693 *or* EMAIL to sbstaff@ufanyc.org

Send second copy (VIA USPS Mail - certified, return receipt) to:

City of New York Office of Labor Relations (OLR) / Employee Health Benefits Program
40 Rector Street, 3rd Floor
New York, NY 10006
or FAX to 212-306-7373

9. KEEP THE ORIGINAL FOR YOUR RECORDS.