



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
TEL: (212) 683-4723 • FAX: (212) 683-0693

Web Address: www.ufanyc.org Email: SBFStaff@ufanyc.org

NEW BABY CHECKLIST (ACTIVE & RETIRED)

1. Get a note from **OB-GYN** to keep on file so YOU can legitimize YOUR Emergency Leave if YOU must use it.
2. **ACTIVE MEMBERS:** To add a dependent to your medical plan, FAX a **COPY** of the **Certificate of Live Birth** to 718-999-7139. **Be sure to include Member's Name and Social Security Number.** Once you've received the baby's **Social Security** card, fax a copy of the card over (along with the Member's name and Social Security number) to the same fax number. You can call 718-999-2196 to verify receipt/processing. An alternate option for #1 (notifying FDNY HQ) is to go online to the NYCAPS / Employee Self Service (ESS) program at www.nyc.gov/ess.

RETIREES: Must fill out a Health Benefit Application or ERB Form (**CLICK HERE for the Health Benefit Application**) form (or <http://www1.nyc.gov/site/olr/index.page>) and **SUBMIT it to the NYC Office of Labor Relations (OLR)** – Send a copy of the Birth Certificate, Social Security card **AND** the completed ERB form to:

NYC OLR – Health Benefits, 40 Rector Street, 4th Floor, NY, NY 10006.

**MAKE SURE TO KEEP COPIES FOR YOUR RECORDS,
AND SEND VIA USPS CERTIFIED MAIL, RETURN RECEIPT.**

3. **UFA/Security Benefit Fund (Optical, Prescription and Dental Benefits)**
Make a **COPY** of the baby's birth certificate and social security card. On the copy, write down the Member's Name, the last 4 of the Member's SS#, Re-write the Baby's **FULL SS#**, and write down a cell phone number you can be reached at (if there are questions). Also write down "Please send me a new SBF Beneficiary Enrollment Card" (Green Card for **ACTIVE**, Yellow for **RETIREES**). Email, Fax or Mail (via USPS) it to the Security Benefit Fund. (Email: sbfstaff@ufanyc.org, Fax: 212-683-0693 – mailing address is below.) When you receive the card, fill it in **COMPLETELY** (both sides), sign it and send it back to the UFA/SBF **WITHIN 30 DAYS!!**, to:

SECURITY BENEFIT FUND
204 EAST 23RD STREET, THIRD FLOOR
NEW YORK, NY 10010-4628
PHONE 212-683-4723, EXT. 2 FAX 212-683-0693

This will take care of your dependent(s) Prescription, Dental, Optical, etc.

4. If you have **Catastrophic Major Medical Insurance Family Coverage** add your new dependent. You must send letter **WITHIN 30 DAYS** to:
MARSH AFFINITY GROUP PHONE 800-503-9230
PO BOX 10374, DES MOINES, IA 50306-0374

5. If you have **Deferred Compensation Plan**, you may want to add beneficiary. Fill out and forward Enrollment/Change Form to:

CITY OF NEW YORK/OFFICE OF LABOR RELATIONS
65 BROADWAY, 21ST FLOOR
NEW YORK, NY 10006-2503.....PHONE 212-306-7760
ATTENTION: DEFERRED COMPENSATION DESK

6. If you want to **Change Tax Exemptions**, you need to fill out a NEW Federal and State Tax Withholding Forms (W-4 and IT2104). There are 3 ways this can be done:

1. Go online to ESS (www.nyc.gov/ess) and fill out the form online.
2. You can go online to Payroll, print up the forms, fill them in and mail them. Go to www.nyc.gov/payroll and print up the Federal Form (W-4) and the State Form (IT2104). Or you can
3. PHONE 718-999-2288 and ask them to mail you the new withholding forms, fill them in and mail them back.

It is also important to realize that any change in withholding can and will affect your individual tax returns. For this reason, it is suggested that you consult with your tax advisor to fully understand the meaning of any change in withholding.

7. If you want to **add beneficiary to UFA Life Insurance**, fill out form and send to:

GROUP LIFE INSURANCE PROGRAM
UNIFORMED FIREFIGHTERS ASSOCIATION
204 EAST 23RD STREET, 3RD FLOOR
NEW YORK, NY 10010-4628..... PHONE 212-683-4723 EXT. 4
ATTENTION: ACTIVE / CHANGE OF BENEFICIARY

8. If you want to **add beneficiary to FDNY Life Insurance**, send **notarized “Designation of Life Insurance Beneficiary”** to:

FDNY PENSION BENEFITS UNIT
9 METROTECH CENTER, ROOM 6W-4K
BROOKLYN, NY 11201-5431 PHONE 718-999-1205

9. If you want to add **Pension Beneficiary**, send **notarized “Designation of Beneficiary of Death Benefits” Form** to:

FDNY PENSION BENEFITS UNIT
9 METROTECH CENTER, ROOM 6W-4K
BROOKLYN, NY 11201-5431 PHONE 718-999-1205

10. If wife required caesarian section and you are part of the Surgical Assistance Fund, fill out and forward MD-35. You may get money back!

11. If you are a member of one of the Societies (i.e. Emerald), you may want to add beneficiary to Life Insurance. Give them a call!