



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

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

204 EAST 23<sup>rd</sup> STREET, NEW YORK, N.Y. 10010

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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 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: Ana.**

If you are not Medicare eligible, but your eligible dependent is, you must include your name and social security number 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.

**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, 3<sup>rd</sup> 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,

Stephen J. Cassidy  
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 lost 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 65<sup>th</sup> birthday or the 25<sup>th</sup> 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.**

For more information contact Social Security.

- **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 August 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, 3<sup>rd</sup> 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.**