



# 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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## NOTICE OF CHANGE OF ADDRESS / PHONE / EMAIL

### YOUR INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last 4 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.

### SIGN HERE →

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

SBF/UFA Records

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Please make sure you also notify FDNY HQ if you're ACTIVE – and notify NYC Office of Labor Relations if you're RETIRED.**