



# 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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Web Address: [www.ufanyc.org](http://www.ufanyc.org) Email: [SBFstaff@ufanyc.org](mailto: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/write down the Member's Name and Social Security Number, baby's name, date of birth and baby's FULL Social Security Number.** If you haven't received the baby's Social Security card, once you do receive it, make a copy of the card, write down the baby's full Social Security number on the copy (faxed copies can be difficult to read) and fax it 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](http://www.nyc.gov/ess). *Hospital discharge papers or footprint record may initially be faxed to expedite enrollment prior to receipt of the birth certificate.*

**RETIREES:** Must fill out a Health Benefit Application or ERB Form (**CLICK HERE for the Health Benefit Application**) form (or <https://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf>) 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, 22 CORTLANDT ST FL 12, NY, NY 10007-3120**

You can also try faxing it to: OLR/Active Member 212-306-7756

Make sure you request a transmission receipt showing the faxes went through.

**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 RETIREEES). You may also submit a beneficiary card electronically online by going to [www.ufanycbenefits.org](http://www.ufanycbenefits.org). Email, Fax or Mail (via USPS) it to the Security Benefit Fund. (Email: [sbfstaff@ufanyc.org](mailto: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 E 23<sup>RD</sup> ST, 3<sup>RD</sup> FL 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.*

ALL members may also go to <https://www.ufanycbenefits.org/forms> and submit an updated Beneficiary Enrollment Card (but you \*must\* also send the above mentioned paperwork).

4. **Catastrophic Major Medical Insurance Family Coverage** Catastrophic Insurance is **ONLY** applicable to members who were **enrolled** with Mercer Catastrophic **PRIOR** to April 1<sup>st</sup>, 2011. To add your child to your Catastrophic Insurance, you must send a letter **WITHIN 30 DAYS**

**WITH** a copy of the child's Birth Certificate to: MERCER (formerly known as MARSH AFFINITY GROUP) PO BOX 10374, DES MOINES, IA 50306-0374...PHONE 800-503-9230

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  
DEFERRED COMPENSATION PLAN  
Bowling Green Station, P.O. Box 93  
New York, New York 10274-0093                      PHONE 212-306-7760  
ATTENTION: DEFERRED COMPENSATION DESK

See link for the Form: <http://www1.nyc.gov/assets/olr/downloads/pdf/deferred/chngform.pdf>

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:
- A. Go online to ESS ([www.nyc.gov/ess](http://www.nyc.gov/ess)) and fill out the form online.
  - B. You can go online to Payroll, print up the forms, fill them in and mail them. Go to <https://www.irs.gov/pub/irs-pdf/fw4.pdf> and print up the Federal Form (W-4) and the State Form (IT2104). Or you can
  - C. PHONE 718-999-2288 and ask them to mail you the new withholding forms, fill them in and mail them back.
  - D. If you are a RETIREE and wish to change your W-4-P exemptions, please contact the NYC Fire Pension Fund at 929-436-0099.

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 23<sup>RD</sup> STREET, 3<sup>RD</sup> FLOOR  
NEW YORK, NY 10010-4628 .....PHONE 212-683-4723 EXT. 4  
ATTENTION: ACTIVE / CHANGE OF BENEFICIARY

8. If you want to **add a beneficiary** to your **FDNY Life Insurance** call the NYC Fire Pension Fund at 929-436-0099 to request a **“Designation of Life Insurance Beneficiary”** form. Once you've filled it out, **signed and notarized it**, mail it back to:

NYC FIRE PENSION FUND  
1 BATTERY PARK PLZ STE 901  
NEW YORK NY 10004-1777                      PHONE 929-436-0099

9. If you want to add a **pension beneficiary**, call the **NYC Fire Pension Fund** at 929-436-0099 to request a **“Designation of Beneficiary of Death Benefits”** form. Once you've filled it out, **signed and notarized it**, mail it back to:

NYC FIRE PENSION FUND  
1 BATTERY PARK PLZ STE 901  
NEW YORK NY 10004-1777                      PHONE 929-436-0099

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! (9 METROTECH CTR RM 5E-40K, BROOKLYN NY 11201-5431 – Phone 718-999-1252)

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