



SECURITY BENEFIT FUND

OF THE
UNIFORMED FIREFIGHTERS ASSOCIATION

OF GREATER NEW YORK • LOCAL 94 I.A.F.F. AFL-CIO
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NEWLY WED CHECKLIST (ACTIVE & RETIRED)

In order to add your spouse to your:	YOU MUST:
<p>1. City Health Plan</p>	<p><u>ACTIVE MEMBERS:</u> Fill out and forward a Health Benefit Application (also known as an ERB Form) with a copy of your Marriage Certificate to add your spouse to your medical plan, to: BUREAU OF PERSONNEL RESOURCES / HEALTH PLAN UNIT 9 METROTECH CENTER, 6th FLOOR BROOKLYN, NY 11201-5431 PHONE 718-999-2196 FAX 718-999-7139</p> <p>**<u>Click here to go to the Health Benefit Application/ERB Form.</u>** An alternate option for #1 (ACTIVE MEMBERS notifying FDNY HQ) is to go online to the NYCAPS / Employee Self Service (ESS) program at www.nyc.gov/ess. <u>RETIREEES:</u> Must fill out a Health Benefit Application or ERB Form (<u>CLICK HERE for the Health Benefit Application</u>) form http://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf & <u>SUBMIT it to the NYC Office of Labor Relations (OLR)</u> – Send a copy of your Marriage Certificate AND the completed ERB form to: NYC OLR – Health Benefits, 40 Rector Street, 3rd Floor, NY, NY 10006. MAKE SURE TO KEEP COPIES FOR YOUR RECORDS, AND SEND VIA USPS CERTIFIED MAIL, RETURN RECEIPT.</p>
<p>2. Welfare Benefits (Prescription Drugs, Dental, Optical)</p>	<p>Make a copy of your Marriage Certificate and write down on the copy: Your name, the last 4 of your SS# and a cell phone number you can be reached at if we have any questions. Please also include the:</p> <ol style="list-style-type: none"> 1. Full name of your Spouse, as it currently appears on their Social Security Card (our records must match what is on their SS card) 2. Your Spouse’s FULL Social Security number and Date of Birth Last, please write down “Please send me a new SBF Beneficiary Enrollment Card” (Green Card for ACTIVE, Yellow for RETIREEES). <p>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 and date it and send it back to the UFA/SBF <u>WITHIN 30 DAYS!!</u>, to: SECURITY BENEFIT FUND, 204- EAST 23RD ST, 3RD FL, NY, NY 10010 PHONE 212-683-4723, EXT. 2 FAX 212-683-0693</p> <p>(When Faxing, always call IMMEDIATELY after to confirm the fax is received) Your new spouse will be given <u>TEMPORARY BENEFITS for 30 days</u> pending receipt of the updated enrollment card. PLEASE FILL IT IN, <u>SIGN AND DATE IT AND SEND IT BACK WITHIN 30 DAYS!!</u></p>

In order to add your spouse to your:	YOU MUST:
3. Catastrophic Major Medical Insurance	Catastrophic Insurance is ONLY applicable to members who were enrolled with Mercer Catastrophic PRIOR to April 1 st , 2011. To add your spouse, you must send a letter WITHIN 30 DAYS WITH a copy of your Marriage Certificate to: MERCER (formerly known as MARSH AFFINITY GROUP) PO BOX 10374, DES MOINES, IA 50306-0374.....PHONE 800-503-9230
4. SBF Death Benefit (\$ amount varies)	If you want to name your spouse as primary or secondary beneficiary, you must notify the Security Benefit Fund (<i>See #2 on other side of this page</i>).
5. UFA Life Insurance	If you want to add dependent coverage to your policy, change or add beneficiary you must notify the UFA to request the proper forms (<i>See #2 on other side of this page</i>). Fill them in and send them back to for the proper forms: GROUP LIFE INSURANCE PROGRAM UNIFORMED FIREFIGHTERS ASSOCIATION 204 EAST 23 RD STREET, 3 RD FLOOR, NY, NY 10010-4628 ATTENTION: ACTIVE / CHANGE OF BENEFICIARY PHONE 212-683-4723 EXT. 4
6. Fire Department Life Insurance	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, <u>signed and notarized it</u> , mail it back to: NYC FIRE PENSION FUND 1 BATTERY PARK PLZ #9W-49K NEW YORK NY 10004-1405 PHONE 929-436-0099
7. Pension Beneficiary	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, <u>signed and notarized it</u> , mail it back to: NYC FIRE PENSION FUND 1 BATTERY PARK PLZ #9W-49K NEW YORK NY 10004-1405 PHONE 929-436-0099
8. Deferred Compensation Plan	If you are enrolled in the Deferred Compensation Plan, you may want to add a beneficiary. If so, fill out and <u>mail</u> the 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 below link for the Form: http://www1.nyc.gov/assets/olr/downloads/pdf/deferred/chngform.pdf
9. Change Exemptions	If you want to Change Exemptions , you need to fill out 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. 4. 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.