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

COORDINATION OF BENEFITS

MEMBER INFORMATION

Member Name ______________________ Social Sec # ______________

Mailing Address ______________________ Home Telephone # ______________

City / State / Zip ______________________ Cell Phone # ______________

Email Address ______________________ Date of Birth / /

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed

SPOUSE / DOMESTIC PARTNER INFORMATION

Spouse Name ______________________ Social Sec # ______________

Date of Birth / /

DEPENDENT INFORMATION

Name of Eligible Dependent	Date of Birth	Social Sec #
	/ /	

Health Plan & Welfare Fund Information

Name of Current Health Care Plan ______________________________

Are you or your spouse / domestic partner covered by another health care plan? ☐ YES ☐ NO
If so, please specify which health care plan ______________________________

Are you or your spouse / domestic partner covered by another prescription / drug plan? ☐ YES ☐ NO
If so, please specify which prescription / drug plan ______________________________

Are you or your spouse / domestic partner covered by another dental plan? ☐ YES ☐ NO
If so, please specify which dental plan ______________________________

Are you covered under Medicare? ☐ YES ☐ NO

Is your spouse / domestic partner covered under Medicare? ☐ YES ☐ NO

Are any of your eligible dependents covered under Medicare? ☐ YES ☐ NO