



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
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Web Address: www.ufanyc.org SBF/Beneficiary Enrollment Form Submission: www.ufanycbenefits.org Email: SBFStaff@ufanyc.org

DIVORCE CHECKLIST (ACTIVE & RETIRED)

To REMOVE your spouse from your:	YOU MUST:
<p>1. City Health Plan</p>	<p>ACTIVE MEMBERS: Fill out and forward a Health Benefit Application (also known as an ERB Form) with a copy of the 1st and last page of your Divorce Decree, to: BUREAU OF PERSONNEL RESOURCES / HEALTH PLAN UNIT 9 METROTECH CENTER, 6th FLOOR BROOKLYN, NY 11201-5431 PHONE 718-999-2196/2171.....FAX 718-999-7139</p> <p>You can also email the ERB and Divorce Pages to HRBenefitsUnit@fdny.nyc.gov **Click here to go to the Health Benefit Application/ERB Form.**</p> <p>An alternate option for #1 (notifying FDNY HQ) for ACTIVE Members, is to go online to the NYCAPS / Employee Self Service (ESS) program at www.nyc.gov/ess.</p> <p>RETIREES: Must fill out a Health Benefit Application or ERB Form (CLICK HERE for the Health Benefit Application) form http://www1.nyc.gov/site/olr/index.page and SUBMIT it to the NYC Office of Labor Relations (OLR) – INCLUDE the FIRST and LAST page of your divorce decree AND the completed ERB form – SUBMIT ALL using the OLR “LeapFile” Website, which is https://nycemployeebenefits.leapfile.net/</p> <p>Alternatively, Retirees can mail copies of the above documents (ERB/Health Benefits Application Form + the First & Last Page of your Divorce Decree to: NYC OLR – HEALTH BENEFITS, 22 CORTLANDT ST FL 12, NY, NY 10007-3120 You can also try faxing it to: OLR 212-306-7756</p> <p>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.</p>
<p>2. Welfare Benefits (Prescription Drugs, Dental, Optical)</p>	<p>Make a COPY of the FIRST AND LAST PAGE of your finalized divorce papers. 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. 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. 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 it and send it back to the UFA/SBF WITHIN 30 DAYS!!, to: SECURITY BENEFIT FUND of the Uniformed Firefighters Assoc. 204- EAST 23RD ST, 3rd FL , NEW YORK, NY 10010-4628 PHONE 212-683-4723, Option 2.....FAX 212-683-0693..... sbfstaff@ufanyc.org</p> <p>AGAIN, IT IS IMPERATIVE THAT YOU PLEASE FILL IN THE ENROLLMENT CARD, SIGN AND DATE IT AND SEND IT BACK WITHIN 30 DAYS!!</p> <p>PROMOTED MEMBERS – Fire Officers, or members of the Uniformed Fire Officers Association (UFOA) Members should contact fpp@ufoa.org or call 212-293-9300.</p>

To REMOVE your spouse from your:	YOU MUST:
3. Compensation Accrual Fund (CAF) of the Uniformed Firefighters Association (UFA)	If your ex-spouse is awarded a portion of your Compensation Accrual Fund (or CAF), it will be noted in either your divorce decree or in a document known as a Qualified Domestic Relations Order (or QDRO). If so, you MUST notify the Compensation Accrual Fund (CAF) of the Uniformed Firefighters (<i>continued</i>) Association. Send a full copy of the finalized QDRO or Divorce Decree (where the award is stipulated) to the CAF of the UFA. Same applies if the ex-spouse waives their right – it must be specifically noted in the divorce or settlement paperwork. One or the other will be documented and should be submitted to SBF Staff. FAX 212-683-0693
4. SBF Death Benefit	Notify Security Benefit Fund (<i>See #2 on other side of this page</i>). Benefit amount varies depending on age. Up to age 49: \$10,000. 50 to 69: \$5,000. Over 70: \$2,500.
5. Catastrophic Major Medical Insurance	Catastrophic Insurance is ONLY applicable to members who were enrolled with AMBA/Mercer Catastrophic PRIOR to April 1 st , 2011. To remove your spouse, you must send a letter WITHIN 30 DAYS WITH a copy of the 1 st and last page of your Divorce Decree to: AMBA/MERCER (formerly known as MARSH AFFINITY GROUP) PO BOX 10374, DES MOINES, IA 50306-0374..... PHONE 800-503-9230 or email customerservice.service@amba.info
6. UFA Life Insurance	If you want to change your 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 with a copy of the 1st and last page of your Divorce Decree to: GROUP LIFE INSURANCEPHONE 646-839-6503 or email mzingone@ufanyc.org UNIFORMED FIREFIGHTERS ASSOCIATION 204 EAST 23 RD STREET, 3 RD FLOOR, NEW YORK, NY 10010-4628 ATTENTION: ACTIVE / CHANGE OF BENEFICIARY
7. Fire Department Life Insurance	If you want to change a beneficiary on 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 #9W-49K NEW YORK NY 10004-1405 PHONE 929-436-0099
8. Pension Beneficiary	If you want to change 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 #9W-49K NEW YORK NY 10004-1405 PHONE 929-436-0099
9. Deferred Compensation Plan	If you are enrolled in the Deferred Compensation Plan, you may want to update your beneficiary. FORMS should NOT be mailed to the Deferred Compensation Plan, rather the completed form should be submitted via email to newyork@voyaplans.com . ONLY include the last 4 digits of your Social Security number, along with your name and address on all forms. Forms can also be faxed to 844-299-2362. Also, consider downloading the Voya App. See below link for the Form: http://www1.nyc.gov/assets/olr/downloads/pdf/deferred/chngform.pdf Questions? Please call 212-306-7760 or go to https://www1.nyc.gov/site/olr/deferred/dcp/home.page
10. 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.