



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

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

NEW DEPENDENT (CHILD/BABY) CHECKLIST (ACTIVE & RETIRED)

Whether you are adding a newborn or a stepchild, you will need to notify:

- A) Your union (for optical, prescription and dental / welfare fund benefits) and
- B) FDNY HQ if you're ACTIVE, or if you're RETIRED, you will notify the NYC Office of Labor Relations(OLR) for medical benefits.

1. Get a note from **OB-GYN** to keep n file so YOU can legitimize YOUR Emergency Leave if YOU must use it.

2. **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). Email, Fax, or Mail (via USPS) it to the Security Benefit Fund. (Email: sbfstaff@ufanyc.org, Fax: 212-683-0693 – mailing address is below.) To ensure processing, please request a reply email confirming receipt. Alternatively, you can call the Security Benefit Fund to confirm receipt – 212-683-4723, Ext 2.

You **must** also submit a new beneficiary enrollment card within 30 days. You should do so electronically online by going to www.ufanycbenefits.org/forms. If you are unable to submit the new beneficiary card online, when you send us the copy of the birth certificate write on it "Please send me a new SBF Beneficiary Enrollment Card" (Green Card for ACTIVE, Yellow for RETIREEES). When you receive the card, fill it in COMPLETELY (both sides), sign it & send it back to the UFA/SBF **WITHIN 30 DAYS** to:

SECURITY BENEFIT FUND, 204 E 23RD ST, 3RD FL NEW YORK, NY 10010-4628
PHONE 212-683-4723, EXT. 2.....FAX 212-683-0693

If the new beneficiary card is not returned within 30 days, there is a risk of lapse of coverage. Once all documentation is received, it will take care of your dependent(s) Union / Welfare Benefits (Prescription, Dental, Optical, etc.)

PROMOTED MEMBERS – Fire Officers, or members of the Uniformed Fire Officers Association (UFOA) Members should contact fpp@ufoa.org or call 212-293-9300.

3. If you want to **add a beneficiary to UFA Life Insurance**, you must request a Life Insurance Beneficiary Card by calling 646-839-6503 or emailing mzingone@ufanyc.org. Once you receive the card, fill it out and mail it back to:

UNIFORMED FIREFIGHTERS ASSOCIATION, GROUP LIFE INSURANCE PROGRAM
204 EAST 23RD STREET, 3RD FLOOR
NEW YORK, NY 10010-4628 ATTENTION: LIFE INSURANCE - CHANGE OF BENEFICIARY
PHONE 646-839-6503 or mzingone@ufanyc.org

4. **MEDICAL BENEFITS - ACTIVE MEMBERS**: FDNY Medical Benefits are non-centralized and processed in-house. The HR Benefits Unit is located at 9 Metrotech Ctr 6th FL Brooklyn, NY 11201-5431
Email: HRBenefitsUnit@fdny.nyc.gov **Phone:** 718-999-2196/2171 **Fax:** 718-999-7139

ADD/DROP DEPENDENTS: To add/drop a dependent to your medical plan, submit a copy of the supporting documentation (birth certificate/proof of birth, marriage certificate, divorce decree, etc.). Please submit via email, fax, or in-person.

- **Be sure to include the Member's Name and Employee ID/Reference #, dependent's full name, effective date of birth and FULL Social Security Number.** If you haven't received a Social Security card, once you do receive it, send a copy via email or fax – but please make sure you write the full Social Security Number on the fax prior to sending it (faxes/copies of social security cards can be hard to read).
- To add or drop a dependent, you can go online to the NYCAPS / Employee Self Service (ESS) program at www.nyc.gov/ess and add/drop your dependent to your profile, but your request will **NOT** be completed **UNTIL** your supporting documents have been received by the Benefits Unit. See above for HR Benefits Unit.

- You should also follow up with a call to FDNY HQ HR Benefits Unit to verify receipt (718-999-2196/2171). *Hospital discharge papers, a certificate of live birth, footprint record or a letter certifying a live birth (also known as a birth registry letter) may initially be used to add a dependent prior to receipt of the birth certificate – BUT ONLY IF THE DOCUMENT INCLUDES THE MEMBER’S NAME AND BABY’S NAME.* Be sure to also include the information listed above. Documents should be emailed to: HRBenefitsUnit@fdny.nyc.gov

MEDICAL BENEFITS - 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) using the OLR “LeapFile” Website, which is <https://nycemployeebenefits.leapfile.net>.

Alternatively, you may mail 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: 212-306-7756, *but*

make sure you request a transmission receipt showing the fax went through.

MAKE SURE to keep copies for your records, and send via USPS Certified Mail, Return Receipt.

5. **Catastrophic Major Medical Insurance Family Coverage** Catastrophic Insurance is **ONLY** applicable to members who were **enrolled** with Mercer Catastrophic **PRIOR** to April 1st, 2011. With the introduction of the Affordable Care Act, Catastrophic Insurance was deemed redundant after 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: AMBA / MERCER (formerly known as MARSH AFFINITY GROUP) PO BOX 10374, DES MOINES, IA 50306-0374... FAX 515-365-1520... PHONE 800-503-9230 or email customerservice.service@amba.info.
6. If you are enrolled in the **Deferred Compensation Plan**, you may want to update your beneficiary/ies. 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>
7. 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) and fill out the form online.
 - B. You can go online to Payroll, print 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 and ask for Payroll for Retirees.
 - E. 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.
8. If you want to **add a beneficiary** to your **FDNY Life Insurance** call the NYC Fire Pension Fund at 929-436-4836 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 FL 9 NEW YORK NY 10004-1774PHONE 929-436-4836
9. If you want to add a **Pension Beneficiary**, call the **NYC Fire Pension Fund** at 929-436-4836 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 FL 9
NEW YORK NY 10004-1774.....PHONE 929-436-4836
10. If the baby’s mother required a caesarian section and you are part of the Surgical Assistance Fund, fill out and forward an MD-35. You may get money back!
9 METROTECH CTR RM 5E-40K, BROOKLYN NY 11201-5431PHONE 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!