



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

NEWLY WED CHECKLIST (ACTIVE & RETIRED)

To add your spouse to your:	YOU MUST:
1. Welfare Benefits (Prescription Drugs, Dental, Optical)	<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:</p> <ol style="list-style-type: none"> 1. The 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 You can email, Fax or Mail (via USPS) these documents to the Security Benefit Fund. (Email: sbfstaff@ufanyc.org, Fax: 212-683-0693 – mailing address is below.) When Faxing, always call IMMEDIATELY after to confirm the fax is received. PHONE 212-683-4723, EXT. 2 Your new spouse will be given TEMPORARY BENEFITS for 30 days pending receipt of the updated enrollment card (#3, next line). 3. It is highly recommended that after you send these documents, you submit a new beneficiary card online using the UFA benefits website (www.ufanycbenefits.org). If you are unable to submit a new beneficiary card online, then when you are submitting the documents in #2 above, please write down "Please send me a new SBF Beneficiary Enrollment Card" (Green Card for ACTIVE, Yellow for RETIREEES). Once you receive the hard copy of the beneficiary card, fill it in COMPLETELY (both sides), sign and date it and send it back to the UFA/SBF WITHIN 30 DAYS!!, to: SECURITY BENEFIT FUND, 204- EAST 23RD ST, 3RD FL, NY, NY 10010-4697
PROMOTED MEMBERS	Fire Officers, or members of the Uniformed Fire Officers Association (UFOA) Members should contact fpp@ufoa.org or call 212-293-9300.
2. SBF Death Benefit (\$ amount varies)	If you want to name your spouse as primary or secondary beneficiary, you must submit a new beneficiary enrollment card to the Security Benefit Fund (See #1 above).
3. 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 (See #2 on other side of this page). 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 646-839-6503 or email mzingone@ufanyc.org
4. City Health Plan	<u>ACTIVE MEMBERS:</u> THE PREFERRED METHOD for ACTIVE MEMBERS (to notify FDNY HQ and add a spouse to your medical coverage) is to go online <u>WITHIN 30 DAYS</u> to the NYCAPS / Employee Self Service (ESS) program at www.nyc.gov/ess.

To add your spouse to your:	YOU MUST:
<p>Please note that if you have MARRIED your DOMESTIC PARTNER, you should also REVIEW the Domestic Partner checklist!! Your Marriage Certificate should *also* be sent to OLR (see the Retiree section). Make sure you include your FULL SS# and a way you can be reached when sending to OLR.</p>	<p>Alternatively, you can 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 FL, BROOKLYN, NY 11201-5431 PHONE 718-999-2196/2171 FAX 718-999-7139 email HRBenefitsUnit@fdny.nyc.gov For best results, add spouse using NYCAPS/ESS, and *also* email the ERB form *and* Marriage Certificate to HRBenefitsUnit@fdny.nyc.gov 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. **Click here to go to the Health Benefit Application/ERB Form.**</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/assets/olr/downloads/pdf/health/health-benefits-application.pdf) & SUBMIT it ALONG with a copy of your Marriage Certificate to the NYC Office of Labor Relations (OLR) – FOR BEST RESULTS, Members should upload both forms (The Health Benefit Application or ERB Form <u>and</u> a copy of your Marriage Certificate) to the NYC OFFICE OF LABOR RELATIONS (OLR) using the OLR “LeapFile” Website, which is https://nycemployeebenefits.leapfile.net/ Alternatively, Retirees can send a copy of your Marriage Certificate AND the completed Health Benefit Application or 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 <i>Make sure you request a transmission receipt showing the faxes went through.</i> MAKE SURE to keep copies for your records, & send via USPS Certified Mail, Return Receipt. PLEASE NOTE THAT IF YOU HAVE MARRIED YOUR DOMESTIC PARTNER, YOU SHOULD ALSO REVIEW THE DOMESTIC PARTNER CHECKLIST!!</p>
<p>5. Fire Department Life Insurance</p>	<p>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 NY 10004-1774 PHONE 929-436-4836</p>
<p>6. Pension Beneficiary</p>	<p>If you want to add a pension beneficiary, call the NYC Fire Pension Fund at 929-436-4861 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 NY 10004-1774 PHONE 929-436-4836</p>
<p>7. Deferred Compensation Plan</p>	<p>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</p>
<p>8. Catastrophic Major Medical Insurance</p>	<p>Catastrophic Insurance is ONLY applicable to members who were enrolled with Mercer Catastrophic PRIOR to April 1st, 2011. To add your spouse, you must send a letter WITHIN 30 DAYS WITH a copy of your Marriage Certificate to: AMBA (formerly known as MERCER or MARSH AFFINITY GROUP) PO BOX 10374, DES MOINES, IA 50306-0374.....PHONE 800-503-9230 Email: customerservice.service@amba.info</p>
<p>9. Change Exemptions</p>	<p>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:</p> <ol style="list-style-type: none"> 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 or email info@nycfirepension.org. <p>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.</p>