



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

NOTICE OF CHANGE OF ADDRESS / PHONE / EMAIL

YOUR INFORMATION

Last Name First Name Middle Name

Last 4 Social Security # Current Unit & Group Previous Unit & Group

- Active Firefighter Company Delegate
- Change in Company Delegate Please list name of former delegate: _____
- Retired Firefighter _____
Date of Retirement Last Dept. Unit assigned to

NEW ADDRESS

Address:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Email Address:		

PREVIOUS ADDRESS

Address:		
City:	State:	Zip Code:

- My beneficiary status has also changed. Please send me a new Benefits Enrollment Card so I may update my beneficiary/ies (for best results, **submit a new beneficiary card electronically** at www.ufanycbenefits.org).

SIGN HERE →

Signature

Date

(Please do not write below – for office use only)

SBF/UFA Records - Processed by _____

Signature

Check here if Confirmation Email has also been sent.

Date

NOTE: Please make sure you also notify FDNY HQ if you're ACTIVE (for best results, use NYCAPS/ESS) and if you're RETIRED, you'll notify NYC Office of Labor Relations (BEST option for this is to go to <https://nycemployeebenefits.leapfile.net>.) Retirees should also notify the NYC Fire Pension Fund (please call 929-436-0099 or 929-436-4861)