



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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ATTENTION - Probationary Firefighters:
Re: DEPENDENT BENEFITS
THE ACTIVE BENEFICIARY ENROLLMENT
MUST BE RETURNED TO US TODAY.

Fill them out, **SIGN AND DATE THEM**, and return them to us with supporting documentation.

If you do not have all the required documentation for your **DEPENDENTS** (birth certificate, marriage certificate, etc.) your dependent will be entered into the Security Benefit Fund (SBF) system for Prescription, Optical and Dental Benefits **TEMPORARILY**.

Benefits will be given **CONDITIONALLY**, pending the UFA/SBF receiving the required backup documentation. We need **FULL Social Security Numbers** and **Dates of Birth** for ALL dependents. If you **DO NOT** have that information, you can **FILL IN THE BACK OF THIS PAGE AND SEND IT (with backup documentation) TO THE SBF**. You can email it to sbfstaff@ufanyc.org or Fax it to 212-683-0693. **Please do so NO LATER THAN Monday, September 30th, 2024.**

This means that SBF will provide your dependent benefits from today's date **through Tuesday 09/30/2024**. If we do not receive the required backup documentation by **09/30/2024**, we will terminate your dependent(s) benefits effective **09/30/2024**.

Documentation may be emailed to sbfstaff@ufanyc.org or faxed to 212-683-0693. Be sure to include your full name, a cell number where you can be reached (in case we have questions), the last 4 digits of your social security number, and note that you are a probie.

Please note that for your **BENEFICIARIES** (for the death benefit, compensation accrual fund or for life insurance) we **DO NOT** need backup documentation (we just need backup documentation for your **DEPENDENTS**), For Life Insurance or the Death Benefit or Compensation Accrual fund **BENEFICIARIES** on the back of your card, just provide their name, date of birth and address (this information can just be emailed to us as well).

If you **DO NOT** have the backup documentation **FOR YOUR DEPENDENTS** with you today (Backup documentation includes Birth Certificate, Marriage Certificate, etc.) then this page needs to be filled in and sent back (**WITH** documentation) to the **UFA/SBF NO LATER than Tuesday 09/30**

For your **BENEFICIARIES** (Life Insurance, Compensation Accrual Fund or Death Benefit) backup documentation is not necessary – we just need your beneficiaries’ name, address, date of birth and social security number.

If you **CAN** provide backup documentation **TODAY**, then you **DO NOT NEED** to submit this page.

PLEASE PRINT CLEARLY!!

PROBATIONARY FIREFIGHTER INFORMATION (FULL SOCIAL SECURITY # NEEDED, PLEASE FILL OUT ALL INFO)

Your First Name	MI	Your Last Name	FULL Social Sec #	Email Address	Cell Number

Please PRINT CLEARLY!!

SPOUSE INFORMATION

Date of Marriage: _____

First Name	MI	Last Name AS IT CURRENTLY APPEARS ON THEIR SOCIAL SECURITY CARD	FULL Social Sec #	Gender	Date of Birth
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	/ /

DEPENDENT INFORMATION (CHILDREN Under 26 Years of Age)

Please list information for **ALL** your DEPENDENTS (who are under 26 years old).

NAME	FULL Social Security #	CHECK	Date of Birth	Disabled ?	Employed?	Name of Employer	Benefits through Employer?
		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD		Y / N	Y / N		Y / N
		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD		Y / N	Y / N		Y / N
		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-CHILD		Y / N	Y / N		Y / N

(Please use an additional sheet if needed)

SIGN HERE →

Signature of MEMBER: _____

Date: _____

URGENT - PLEASE FILL THIS IN, SIGN IT AND RETURN IT

(WITH backup documentation – birth certificates, SS#s, marriage certificates, etc.)

NO LATER THAN Monday, September 30th, 2024

PLEASE FAX BACK TO 212-683-0693 or email to sbfstaff@ufanyc.org

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