

**UFA/UFOA**  
**WELFARE FUND / SURGICAL ASSISTANCE**  
**SUMMARY OF BENEFITS**  
**9 Metro Tech Center**  
**Brooklyn, NY 11201-3857**  
**Telephone (718) 999-1252**

The Surgical Assistance Fund (“the Fund”) is a voluntary employees’ beneficial association dedicated to provide active and retired members of the New York City Fire Department with financial assistance for surgical procedures.

The Fund provides for the payment of benefits ranging from \$15.00 to \$300.00 per procedure. The **financial assistance is payable to the member regardless of any other existing health coverage.** The Fund has neither a deductible nor an offset for similar benefits provided by any other program. The total cumulative benefit in any one calendar year for a member in either the Family or Single group membership shall be limited to \$1,000.00. The Fund annual dues are \$10.00 per individual membership and \$15.00 per family membership.

**UFA MEMBERS:** The UFA will assume the payment of post-retirement dues for its members and will provide continuing life coverage in the Fund, provided that the retiree was a member of the Fund in good standing for at least the last two years before the retirement date. UFOA members are entitled to continuing post-retirement membership, but are responsible for direct payment of annual dues to the Fund. **Membership and admission in the Fund is not offered post retirement date.**

Only the member, spouse, and unmarried children under 19 years of age are entitled to receive surgical assistance benefits from the Fund. UFA and UFOA Widows are entitled to continue their membership by contributing the \$10.00 annual dues.

To claim assistance submit a complete ***Application for Benefit*** form (MD-35).

Also available on line at the UFA Website.

**Included in the coverage are all surgical procedures**, including:

- Reduction, immobilization and/or casting of fractures and/or dislocations.
- Stitches and lacerations, skin lesions dermatology.
- Natural childbirth and C-section.
- Diagnostic colonoscopy, endoscopy, hysteroscopy, cystoscopy, angiogram and catheterizations.

**Excluded from the Fund’s coverage** are claims for the following procedures:

**Any kind of dental work or oral surgery**, radiology (x-ray, CT, MRI, ultrasound, radiation therapy, mammography), chemotherapy treatment, electrocardiograph, regular examinations, acupuncture, treatment of allergies, cosmetic surgery, immunization or other prophylaxes, drugs, physiotherapy, blood work and blood analysis, injections, and non-invasive procedures.

Applications submitted one year or later from the date of the procedure performed **will NOT** be considered under any circumstances. Members joining the Fund for the first time, or rejoining after lapsing membership are entitled to receive benefits for procedures performed three months after joining the Fund.

FIRE DEPARTMENT  
UFA/UFOA SURGICAL ASSISTANCE FUND  
9 Metro Tech Center  
Room 5E - 40K  
Brooklyn, NY 11201-3857  
(718) 999-1252

MD-35 (12/17)

**SURGICAL ASSISTANCE FUND  
BENEFIT APPLICATION**

Date \_\_\_\_\_

Active  Rank \_\_\_\_\_ >>>>>>> Dues Paid at What Unit \_\_\_\_\_

Retired  Rank \_\_\_\_\_ >>>>>>> Date Retired \_\_\_\_\_ Unit \_\_\_\_\_

Widow

Your Name \_\_\_\_\_ Social Security No. **Last four Digits Only** \_\_\_\_\_

Your Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Town State Zip Code

Name of Patient \_\_\_\_\_ Age of Patient \_\_\_\_\_

Relationship to Member \_\_\_\_\_ If Child, give Date of Birth \_\_\_\_\_

Date of Operation \_\_\_\_\_ (If active) Was this procedure as a result  
of a **LOD injury** (YES \_\_) (NO \_\_)

**NAME OF THE SURGICAL PROCEDURE** \_\_\_\_\_

**ONE** of the following **MUST** accompany this claim:

- A signed statement from the Doctor on his/her stationery or an operating report.
- A GHI or Medicare benefit **form indicating the DATE & NAME** of the procedure.
- Coded medical evidence **cannot** be used by this office.
- **THE DOCUMENT MUST INCLUDE: (1) NAME OF THE PATIENT, (2) DATE OF THE PROCEDURE AND (3) THE NAME OF THE PROCEDURE.**

\*Anesthesia is not covered by the Fund, but a benefit will be provided for the surgical procedure.

\*Claims **one year or older** will not be considered under any circumstances.

\*Oral surgery or any type of dental work **IS NOT COVERED.**

Only dependent children under 19 years of age (including full time students) are eligible for benefits.

**X** \_\_\_\_\_

(Signature of Member)

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(For S.A.F. Use Only)

Case No. \_\_\_\_\_ Amount to be paid by the Fund \$ \_\_\_\_\_