

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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Follow us on **T**witter **@ufanyc** • **F**acebook **@ufanyc** • **I**Instagram **@ufa94nyc** Web Address: www.ufanyc.org SBF/Beneficiary Enrollment Form Submission: www.ufanycbenefits.org Email: SBFStaff@ufanyc.org

NEWLY WED CHECK<u>LIST (ACTIVE & RETIRED)</u>

To add your spouse to your:	YOU MUST:
1. City Health Plan	ACTIVE MEMBERS: 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
Please note that if you have	Self Service (ESS) program at www.nyc.gov/ess.
MARRIED your DOMESTIC PARTNER, you should also <u>REVIEW</u> the Domestic Partner	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
checklist!! Your Marriage Certificate should *also* be sent	9 METROTECH CENTER, 6 th FL, BROOKLYN, NY 11201-5431 PHONE 718-999-2196 FAX 718-999-7139 email Noreen.Aspromonte@fdny.nyc.gov
to OLR (see the Retiree section). Make sure you include your <u>FULL SS#</u> and a way you	During COVID Closures, for best results, add spouse using NYCAPS/ESS, and *also* email the ERB form *and* Marriage Certificate to Noreen Aspromonte at Noreen.Aspromonte@fdny.nyc.gov. **Click here to go to the Health Benefit Application/ERB Form.**
can be reached when sending to OLR.	<u>RETIREES</u> : Must fill out a Health Benefit Application or ERB Form (<u>CLICK HERE for the</u> <u>Health Benefit Application</u>) form (http://www1.nyc.gov/assets/olr/downloads/pdf/health/health- benefits-application.pdf) & <u>SUBMIT it ALONG with a copy of your Marriage Certificate to the</u>
	NYC Office of Labor Relations (OLR) – FOR BEST RESULTS, Members should upload both forms (The Health Benefit Application or ERB Form and 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
	Make sure you request a transmission receipt showing the faxes went through. 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!!
2. Welfare Benefits	Make a copy of your Marriage Certificate and write down on the copy: Your name, the last 4
(Prescription Drugs,	of your SS# and a cell phone number you can be reached at if we have any questions.
Dental, Optical)	 Please also include the: 1. Full name of your Spouse, as it <u>currently</u> appears on their Social Security Card (our
	records <u>must</u> match what is on their SS card)
	 Your Spouse's <u>FULL</u> Social Security number and <u>Date of Birth</u> It is highly recommended that after you send these documents, you submit a new
	beneficiary card online using the UFA benefits website. However, if you are unable to
	submit a new beneficiary card online, then please write down "Please send me a new SBF
	Beneficiary Enrollment Card" (Green Card for ACTIVE, Yellow for RETIREES).
	FOR BEST RESULTS , you should submit a new beneficiary card electronically online by
	going to www.ufanycbenefits.org 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 <u>TEMPORARY BENEFITS for 30 days</u> pending receipt of the updated enrollment card. FOR BEST RESULTS, PLEASE SUBMIT THE NEW CARD ONLINE USING www.ufanycbenefits.org. If you receive a hard copy of the beneficiary card, when you receive it, fill it in COMPLETELY (both sides), sign and date it and send it back to the UFA/SBF <u>WITHIN 30 DAYS</u> !!, to: SECURITY BENEFIT FUND, 204- EAST 23RD ST, 3 RD FL, NY, NY 10010

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T	o add your spouse to your:	YOU MUST:
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	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.	Catastrophic Major Medical Insurance	Catastrophic Insurance is <u>ONLY</u> applicable to members who were enrolled with Mercer Catastrophic <u>PRIOR</u> to April 1 st , 2011. To add your spouse, you must send a letter WITHIN 30 DAYS <u>WITH</u> a copy of your Marriage Certificate to: MERCER (formerly known as MARSH AFFINITY GROUP) PO BOX 10374, DES MOINES, IA 50306-0374PHONE 800-503-9230 Email: customerservice.service@mercer.com
4.	SBF Death Benefit (\$ amount varies)	If you want to name your spouse as primary or secondary beneficiary, you must notify the Security Benefit Fund (<i>See #2 on other side of this page</i>).
5.	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 (<i>See #2 on other side of this page</i>). 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 646 830 6503 or ameil maincong Outforwo org
6.	Fire Department Life Insurance	PHONE 646-839-6503 or email mzingone@ufanyc.orgIf you want to add a beneficiary to your FDNY Life Insurance call the NYC FirePension Fund at 929-436-4861 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 FUND1 BATTERY PARK PLZ #9W-49KNEW YORK NY 10004-1405PHONE 929-436-4861
7.	Pension Beneficiary	Interversion Product 1405Interversion Product 1405Interversin Product 1405
8.	Deferred Compensation Plan	If you are enrolled in the Deferred Compensation Plan, you may want to add a beneficiary. FORMS should NOT be mailed to the Deferred Compensation Plan, rather the completed form should be submitted via email to newyrk@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. 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/dcphome.page
9.	Change Exemptions	 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: 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. 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.