

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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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 Dele	gate Please list name of former	delegate:
Retired Firefighter Date of	f Retirement Last Dept	t. 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:
Enrollment Card so new beneficiary card	us has also changed. Plea I may update my beneficiary/ electronically at www.ufanycb	ies (for best results, <mark>submit</mark> a
N HERE→		
Signature	Date (Please do not write below – for office use o l	nlv)
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NOTE: Please make sure you also notify FDNY HQ if you're <u>ACTIVE</u> (for best results, use NYCAPS/ESS) and if you're RETIRED, you'll notify NYC Office of Labor Relations (<u>BEST</u> 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). Last, please go to www.ufanycbenefits.org for a Change of Address Checklist.