



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

TRUSTEES:
STEPHEN J. CASSIDY
Chairman
ROBERT STRAUB
Treasurer
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JOSEPH A. MICCIO
WILLIAM ROMAKA
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DIVORCE CHECKLIST (ACTIVE)

In order to REMOVE your spouse from your:	YOU MUST:
1. City Health Plan	<p>Fill out and forward Form ERB (Employee Health Benefit Application) with a copy of the 1st and last page of your Divorce Decree, to:</p> <p style="text-align: center;">BUREAU OF PERSONNEL RESOURCES / HEALTH PLAN UNIT 9 METROTECH CENTER, 6th FLOOR BROOKLYN, NY 11201-5431 PHONE 718-999-2196</p>
2. Welfare Benefits (Prescription Drugs, Dental, Optical)	<p>Call the Security Benefit Fund – 212-683-4723, Ext 2. Let them know you are divorced and request that they send you a copy of the green beneficiary enrollment card. When you receive the new green card, fill it in completely (both sides), sign it and send it, with a copy of the 1st and last page of your Divorce Decree to:</p> <p style="text-align: center;">SECURITY BENEFIT FUND 204- EAST 23RD ST, THIRD FLOOR NEW YORK, NY 10010-4628 PHONE 212-683-4723, EXT. 2 FAX 212-683-0693</p>
3. Catastrophic Major Medical Insurance	<p>You must send letter (in folder) with a copy of the 1st and last page of your Divorce Decree to:</p> <p style="text-align: center;">MARSH AFFINITY GROUP PO BOX 10374 DES MOINES, IA 50306-0374 PHONE 800-503-9230</p>
4. SBF \$10,000 Death Benefit	<p>Notify Security Benefit Fund (See # 2 above).</p>

<p style="text-align: center;">In order to REMOVE your spouse from your:</p>	<p style="text-align: center;">YOU MUST:</p>
<p>5. UFA Life Insurance</p>	<p>If you want to change your 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 with a copy of the 1st and last page of your Divorce Decree to:</p> <p style="text-align: center;">GROUP LIFE INSURANCE PROGRAM UNIFORMED FIREFIGHTERS ASSOCIATION 204 EAST 23RD STREET, 3RD FLOOR NEW YORK, NY 10010-4628 ATTENTION: ACTIVE / CHANGE OF BENEFICIARY PHONE 212-683-4723 EXT. 4</p>
<p>6. Fire Department Life Insurance</p>	<p>If you want to change a beneficiary to your FDNY Life Insurance send <u>notarized</u> “Designation of Life Insurance Beneficiary” form to:</p> <p style="text-align: center;">FDNY PENSION BENEFITS UNIT 9 METROTECH CENTER, ROOM 6W-4K BROOKLYN, NY 11201-5431 PHONE 718-999-1196 OR 718-999-2321</p>
<p>7. Pension Beneficiary</p>	<p>If you want to change a pension beneficiary, send a notarized “Designation of Beneficiary of Death Benefits” form to:</p> <p style="text-align: center;">FDNY PENSION BENEFITS UNIT <i>(Address and Phone Number Above – see #6)</i></p>
<p>8. Deferred Compensation Plan</p>	<p>If you are enrolled in the Deferred Compensation Plan, you may want to change a beneficiary. If so, fill out and forward Enrollment / Change Form to:</p> <p style="text-align: center;">CITY OF NEW YORK/OFFICE OF LABOR RELATIONS 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006-1705 ATTENTION: DEFERRED COMPENSATION DESK PHONE 212-306-7760</p>
<p>9. Change Exemptions</p>	<p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p>