

City of New York
Office of Labor Relations
Employee Benefits Program
40 Rector Street
New York City, N.Y. 10006

Re: NY State Chapter Law 436

Att: Honorable James F. Hanley, Commissioner
Dorothy A. Wolfe, Director

Dear Sir/Madam,

I hereby notify you that I wish to participate in the health insurance program afforded to a surviving spouse of a deceased retired New York City Firefighter (member FDNY) as provided under New York State Chapter Law 436, paragraph (ii).

This Law I understand, allows me to continue in the existing insurance coverage that was provided to my spouse; that I may continue this coverage for the rest of my life, and that I will pay 102% of the COBRA premium.

Please enroll me in the Chapter Law 436 continuation of permanent health Insurance coverage.

Your confirmation to me in writing that I have been enrolled in the program will be greatly appreciated.

Very Truly Yours,

Signature

Date

Name (Print) _____

Address: _____

Date of Birth: _____

Social Security No: _____

Spouse Name (Deceased) (Print) _____

Date of Birth: _____ Date of Death: _____

Social Security No: _____