

PERSONAL INFORMATION

Those Important Papers

If a NY City Firefighter predeceases his wife; there are important steps that must be followed to prevent a needless loss of benefits.

Your spouse and family will be under great emotional and economic stress, if they are not prepared and you should become gravely ill and pass on suddenly. Please read this booklet carefully and discuss it with your family. Place your papers in order and utilize the Fire Department contact procedures as we have listed them under "DEMISE INFORMATION

FOR ANY CITY FIREFIGHTER.

All-important papers should be placed where the family *can easily obtain them*.

Together in one place.

Clearly marked

After collecting all the papers and instructions for your family to follow, tell someone where they are placed!

COLLECT AND SECURE YOUR VALUABLE FAMILY RECORDS

Gather the following original pertinent family records in one secure location.

- Birth Certificates, Baptismal Records, vaccination and medical records for each member.
- Adoption Papers.
- All School Diplomas and Records of Special Educational Courses.
- Passports and Naturalization Papers.
- Marriage Certificate (with an official raised seal).
- Divorce decree.
- Certified copies of death certificates.
- Military Retirement Order (original DD 214) & other Military Records.
- Vehicle Records.
- Copies of Driving License.
- Social Security Card and Records.
- House records, Insurance Papers, Titles, Appraisals of Property & Jewelry. 13 Important Legal Documents.
- Obtain any records that you are missing! Make copies and utilize a fire-protected box.

ORGANIZE YOUR RECORDS

With organized records, you can:

1. Compute your income and net worth more accurately,
- 2 Tax preparation will be simplified and
- 3 Professional advisors will find it easier to assist you. If you should become incapacitated, disorganized records will place an unnecessary burden on your family.

PERSONAL INFORMATION DATA FORM

Use keyboard to fill out

Date Recorded _____

Bank Name _____ Safety Box # _____

Name _____ Middle _____ Last Name _____

Have you ever been known by any other name? Yes (____). No (____)

Name _____ Middle _____ Last Name _____

Address _____ City _____, State _____ Zip # _____

Phone () _____ Social Security # _____

Fire Dept. Retired Rank _____ Date of Ret _____ F.D. Pension # _____

Type of Retirement: Check box that applies

Service (____), Service connected disability (____), Non-Service disability (____)

Units Served Under: _____

Military Service # _____ Branch _____ V.A. _____

Active Duty Dates _____

"C" Claim # (if you filed a VA claim) _____

Parents' names:

Father _____ Date of Birth ____/____/____ Place _____

Mother _____ Date of Birth ____/____/____ Place _____

Marriage To Whom: First Name _____ Last _____ Date _____

If terminated, show reason, place and date _____

Children (Full name, place, date of birth, and Soc. Sec.#. If living apart, list address and phone#.)

For minors indicate name of guardian. (Also list adopted children, if any.)

A lawyer or trusted friend who may be contacted in regard to my personal or business affairs.

Name _____ Phone # _____ Address _____

City _____ State _____ Zip Code _____

Changing Health Plans

Retirees may transfer Health Plans or add an Optional Rider during the even-numbered year Transfer Periods. The transfer period is October of even numbered years and is effective January 1st

Additionally, retirees who have been retired for at least one year can take advantage of a once-in-a-lifetime provision to transfer or add an optional rider at any time. Once-in-a-lifetime transfers become effective on the first of the month following the date that the Health Benefits Application is processed.

If you permanently move outside of your plan's service area, you may transfer within 31 days to another plan without waiting for the next Transfer Period. Also, if you move into the service area of a plan, you may transfer within 31 days to that plan.

Forward a Health Benefits Application to the NYC Health Benefit Program. Form with instructions can be downloaded from their web site Application Form

You or Your Spouse Becomes Eligible for Medicare

When you or your spouse becomes eligible for Medicare, Medicare provides your first level of benefits. The NYC Health Benefits program is your secondary coverage. The Health Benefits Program supplements Medicare but does not duplicate benefits. You must join Medicare Pad A & B as soon as you are eligible. If you do not join you will lose whatever benefits Medicare would have provided. Contact Social Security 3 months prior to turning 65.

You must notify the NYC Health Benefits Program in writing (Application Form Section D or E) immediately upon receipt of your or your dependent's Medicare card. Include spouse, retirement date, pension number and pension system, name of health plan, and name of union welfare fund.

The Health Benefits Program will notify your health plan that you are enrolled in Medicare so that your benefits can be adjusted.

Once the Health Benefits Program is notified that Medicare covers you, will automatically receive the annual Medicare Pad B premium reimbursement.

You should also notify your union of Medicare eligibility. Additional information may be obtained on the NYC Health Benefits Web Site. Medicare Information

"What to Do If"

Use keyboard to fill out

Spouse's Information Upon Death of a Retiree	
Upon the Death of a Retiree call the Notification Desk of the NYC Fire Department at (718) 999-2094 and give them the following information;	
Name of Member:	Address of Member:
Soc Sec #:	
Pension #:	
Appointment Date:	Phone #:
Retirement Date:	
Company Appointed to:	Funeral Home Name:
Company Retired From:	Address:
Rank:	Phone #:
Faith of Member;	View include Dates & Times:
Date of Birth:	
Date of Death:	Name of Church:
	Address:
Call Members unit:	Date & time of Service:
Phone #:	Cemetery Name;
	Address:

A Funeral Escort may be requested only within NYC Limits.

Also Notify:

FDNY Pension Bureau. (718) 999-2320 A
 Uniformed Firefighters Association (212) 683-4723 or
 Uniformed Fire Officers Association (212) 376-8400

Pension Check

Do not cash or if direct deposit, spend the last pension check. Checks are issued on 1 of month for the current month. You may have to return the **portion** from date of death to end of the month. For example, if death occurs on June 10th of the amount for the remaining 20 days will have to be returned.

Reimbursement of Medicare Part B

AFFIDAVIT

To obtain reimbursement for Medicare Part B payments made by a deceased person, and/or reimbursement for enrollment in a Medicare risk plan, if applicable, without court administration.

Deceased' Name: _____

Deceased's Social Security # _____

City agency from which deceased retired: _____

State of _____ and County of _____, being duly sworn, deposed and says: (your name) _____

I bear the indicated relationship to the deceased, (deceased's name) _____

(Put a check mark in the appropriate bracket)

Surviving spouse Brother or Sister

Child, 18+ years of age Parent

Other, explain:

Said deceased died on _____ (date), at (place) _____.

(Get from death certificate). More than 30 days have elapsed since said decedent's death.

At the time of deceased's death, he/she was a permanent resident at County of _____
(give full address) _____

At the time of death, there was due and owing to the estate of deceased, from the City of New York Pursuant to section 12-126 et seq of the New York Administrative Code, a sum of less than \$1,200 which constitutes claimed reimbursement for Medicare Part B premium payments which were paid by the deceased and/or reimbursement for enrollment in a Medicare risk plan, if applicable.

I make this affidavit to obtain said payment in full satisfaction of said indebtedness of the City of New York to the estate of the deceased. The name and address of the person entitled to, and who will receive such money paid as follows: _____

**Mail to: Health Benefits Program
40 Rector Street, 3rd floor
New York, NY 10006**

DEMISE INFORMATION FORA NYC FIREFIGHTER

There is a required notification (A.S.A.P.) to the **Pension Desk** at (718) 999-2320. Final retirement checks) received after a member's death should be returned to the Pension Fund. The deceased's name will be placed on a Department Order. The different departments should then follow up and mail out the required information. Information on beneficiary life insurance claim forms, medical health insurance, welfare insurance information etc.

1. A spouse can apply to permanently retain her Group Health Insurance. Contact the Union. REQUEST HEALTH INSURANCE FOR LIFE, within one year of demise
2. Dependents should also request information on available Welfare Benefits. They cover. A. Drugs, B. Dental, C. Eye Glasses and D. Hearing Aides.
3. If deceased had an Annuity Fund Account, request information from the Union.
4. Do not overlook a Part B Reimbursement! If a dependent is on Medicare, he or she will lose her Medicare Part B Reimbursement check. The estate might be entitled to receive a partial reimbursement check. Request information and an *affidavit* from NY Employee Benefits. Call (212) 513-0470 or write to: Health Benefits Program, 40 Rector Street, 3rd. floor, New York, NY 10006
5. For surgical assistance contact the Surgical Assistance Fund @ 718-999-1252. They are available on Tuesday and Thursday. Leave a message.
6. If the deceased had a NYC Deferred Compensation Plan, notify them of member's death and arrange for disposition of remaining funds. Call (212) 306-7760.

Many wives do not realize that there are two separate unions.

The **UFOA** (Fire Officers) - The Family Protection Plan @ **(212) 376-8400**, 225 Broadway, Suite 401, NY, NY, 10007.

- A. The **UFA** (Firefighters) The Security Benefit Fund @ **(212) 683-4723**, 204 East 23 Street, Floor, NY, NY, 10010-4611.
- B. **UFA BENEFITS ELIGIBILITY.** For Widows **and** their eligible dependents, including duly registered **domestic** partners and their eligible dependents. For firefighters and Fire Marshals, who retired on or after January 1, 1971, (July 9, 1993 for Wipers.)? They are currently entitled to a continuation of their coverage for one full year, at no cost to them.

For notification and to request **additional information and** health benefits costs, contact the UFA **or** the UFOA by telephone. **Notification** should be within 31 days of demise to maintain continuity in your Health Insurance coverage and Welfare Benefits.

WIDOWS BENEFITS AND OPTIONS: TO RECEIVE BENEFITS THEY MUST BE REQUESTED! IF YOU DO NOT KNOW ABOUT AN ENTITLEMENT AND DO NOT REQUEST IT, YOU PROBABLY **WILL NOT RECEIVE IT.**

1. A surviving spouse could be entitled to a continuation of health benefits at no cost! If, her spouse was retired for a **Service Incurred Disability (3/4)** **and** dies as a result of that retirement disability. This benefit is provided for eligible UFA and UFOA Members by the City. Apply to the Pension Desk and request information.

2. Health Benefits are a major concern! Many dependents found that purchasing health insurance on an individual basis was difficult and could be very costly. To benefit families of deceased firefighters **and** police, **Chapter Law 436** was endorsed by retiree organizations and signed by Governor Pataki **on November 13, 2001**. It extends health benefits for *life* beyond the COBRA limit of 3 years. **YOU MUST REQUEST IT.**

EXTENDED HEALTH BENEFITS FOR LIFE WITHIN ONE YEAR OF DEMISE!

The cost is 102 % of the group rate.

3. Medicare Part B Reimbursement and Partial Part B Reimbursement:

If the spouse or a dependent of a deceased member is on Medicare, they may be eligible for a reimbursement from the previous year and for the current year. The reimbursement check is usually sent out the second week in August for the previous year.

A NOTARIZED AFFIDAVIT IS REQUIRED TO RECEIVE A REIMBURSEMENT!

Call NY Employee Benefits at (212) 513-0470 or (212) 306-7600, between 10 AM and 4 PM, to check eligibility and request an affidavit form for a Medicare Part B Reimbursement. Talk to a representative. Write if necessary. Use Certified Mail with a return receipt requested. The address is: NY Employee Benefits Retirees Section, 3 Floor, 40 Rector St, NY, NY, 10006

4. **Social Security:** If the deceased was receiving a check, that Agency should be notified. The undertaker is mandated to do this but the family should follow up to see that it is done. For survivor benefits, call Social Security at 1-800-772-1213. A widow can receive reduced benefits at age 60. A widow can receive benefits at any age, if she is caring for her husband's child, who is under 16 or disabled and entitled to benefits.
5. **Deceased Veterans:** The V.A. may **supply** a gravestone, a flag plus \$250.00 for burial and benefits for dependent children. Check with the undertaker and call your local office.
6. **State Motor Vehicle Bureau:** Contact your local office for **automobile** ownership transfer.
7. **Insurance:** Contact claims department, of all insurance companies, with the Policy Numbers.
8. **Catastrophic Insurance:** call **1-800-503-9230** for a refund, if the deceased **had a policy**.
9. **Organizations:** Notify and inquire **about possible** benefits, if the deceased was **involved** in Business, Religious, Fraternal Organizations as (SCARFIN), Veterans of Foreign Wars, American Legion etc. Some have a death benefit.

REQUIRED INFORMATION THAT YOU WILL NEED FOR BENEFITS:

1. Death Certificate Order extra copies from the undertaker, or the Department of Health.
2. A Funeral Bill

3. Marriage Certificate with a seal.
4. Social Security Number
5. Birth Certificates of Minor Children.
6. Surrogate Certificate - (Required if a will is probated).

Henry Demchak - SCARF/N Insurance Liaison @ (631) 585-6047