



**Security Benefit Fund**  
 Of the  
**Uniformed EMT's Paramedics & Fire Inspectors**  
**Of District Council 37 AFL=CIO**  
 150-39 14<sup>th</sup> Ave 2<sup>nd</sup> Fl Whitestone NY, 11357

**NEWLY WED CHECKLIST ACTIVE & RETIRED**

<p>TO ADD A SPOUSE TO YOUR</p>	<p><b>ACTIVE MEMBERS:</b> Fill out and forward a <a href="#">Health Benefits Application</a> <u>with a copy of your Marriage Certificate</u> to:</p>
<p>HEALTH PLAN</p>	<p style="text-align: center;">       Bureau of Personnel / Health Plan Unit        9 MetroTech Center, 6<sup>th</sup> Floor        Brooklyn NY 11201-5431        Phone 718 999 2196 Fax 718 999 7139     </p> <p><b>RETIREES:</b> Fill out and forward a Health Benefit Application (available in the forms section) <u>with a copy of your Marriage Certificate</u> to:</p> <p style="text-align: center;">       NYC Office of Labor Relations-Health Benefits        40 Rector Street, 4<sup>th</sup> Fl        NYC, NY 10006     </p> <p style="text-align: center;">       NEVER SEND ORIGINAL DOCUMENTS / RETAIN A COPY FOR YOUR RECORDS        ALL CORRESPONDANCE TO BE SENT        USPS CERTIFIED MAIL RETURN RECEIPT     </p>
<p>Welfare Benefits</p>	<p><b>ACTIVE MEMBERS &amp; RETIREES:</b> Fill out and forward a <a href="#">Change Of Status Form</a> (available in the forms section) <u>with a copy of your Marriage Certificate</u> to:</p> <p style="text-align: center;">       DC 37 Health &amp; Security        125 Barclay Street        Phone 212 815 1234 Fax 212-298-9880        NY, NY 10007     </p> <p style="text-align: center;">       NEVER SEND ORIGINAL DOCUMENTS / RETAIN A COPY FOR YOUR RECORDS        ALL CORRESPONDANCE TO BE SENT        USPS CERTIFIED MAIL RETURN RECEIPT     </p>

<p>TO ADD A SPOUSE AS YOUR BENEFICIARY</p>	<p><u>ACTIVE MEMBERS &amp; RETIREES:</u> Fill out and forward <a href="#">NYCERS FORM 133</a> all 3 pages to:</p> <p style="text-align: center;">New York City Employees' Retirement System 30-30 47th Ave., Suite 1010 Long Island City, NY 11101</p> <p style="text-align: center;"><b><u>This form must be notarized on page 3</u></b></p> <p style="text-align: center;">RETAIN A COPY FOR YOUR RECORDS ALL CORRESPONDANCE TO BE SENT USPS CERTIFIED MAIL RETURN RECEIPT</p>
<p>NYCERS</p>	
<p>DC 37</p>	<p><u>ACTIVE MEMBERS &amp; RETIREES:</u> Fill out and forward a <a href="#">Change in Beneficiary Form</a> to:</p> <p style="text-align: center;">DC 37 Health &amp; Security 125 Barclay Street NY, NY 10007</p> <p>Phone 212 815 1234 <span style="float: right;">Fax 212-298-9880</span></p> <p style="text-align: center;">RETAIN A COPY FOR YOUR RECORDS <b><u>This form must be notarized</u></b></p> <p style="text-align: center;">RETAIN A COPY FOR YOUR RECORDS ALL CORRESPONDANCE TO BE SENT USPS CERTIFIED MAIL RETURN RECEIPT</p>
<p>FDNY PAYROLL</p>	<p><u>ACTIVE MEMBERS &amp; Retirees:</u> Fill out and forward a <a href="#">Designation of Beneficiary</a> to:</p> <p style="text-align: center;">Civilian Personnel Manager FDNY Human Resources 6W-2 9 Metro Tech Center Brooklyn NY 11201</p>