

Office of Human Resources 695 Park Avenue E1502 New York, NY 10065 Tel: 212-772-4451

Fax: 212-650-3889

Name:		Empi I.D. #:	
I am a member of:			
I have Pension, Health In s	surance and Welfare Fund benefits, all of	which change upon my	death
Pension [CUNY]		Pension ID Number	Phone
	Teachers Retirement System (TR	(S) 1	1(888) 869-2877
	TIAA-CREF	1	l (800) 842-2776
	NY City Employees Retirement Syste	m (ERS) 1	(347) 643-3000
	on system of my death ve, next to the option we have. de to continue monthly payments to:	for	
Health Insurance [CUN] We had the following	GHI Blue Cross HIP Other		
This Health Insurance call It can only be continued to	only be continued through COBRA, which nor 36 months.	neans paying a monthly pre	mium.
✓ Please notify the NY C The number is (212) 306- The number is (212) 306-	·	ı of my death	
Union Benefits			
The employee had the following	Drugs		
	Dental, Optical, Hearing Aid Exter	nded	
	Medical		
	Voluntary Catastrophic Medical (F	PSC) 1(800) 503-9230	
	Voluntary Long Term Care Insura	nce(PSC) 1(800) 543-7108	

Welfare Fund benefits can only be continued as a "Survivor", which means paying a monthly premium. There is no time limitation on the coverage, but you must apply within 60 days.

✓ Please notify the Union Welfare Fund of my death

Important websites

PSC-CUNY Welfare	http:// www.psccunywf.org http://	212-354-5230
Fund DC-37	www.dc37.net/index.html https://	212-815-1000
IBT	teamster.org/	202-624-6800
SEIU	http://www.seiu.org/	202-730-7000
NYC Council of Carpenters	https://www.nyccbf.org/	212-366-7373
IBEW	http://www.ibew.org/	202-833-7000
IUOE	http://www.iuoe.org/	202 -429-9100
NYC Municipal Plumbers & Pipe fitters	http://www.ualocal1.org/	718-738-7500
NY State United Teachers	http://www1.nyc.gov/site/olr/health/healthhome.page	212-504-4115
Teachers Retirement System	https://www.trsnyc.org/trsweb/index.html	888-869-2877
TIAA-CREF	http://tiaa-cref.org	877-518-9161
NYCity Employee Retirement System	http://www.nycers.org/	347-643-3000

<u>Notes</u>	Coverage through non-union related resources		
	Carrier or Institution	Account Number	
Life Insurance			
IRA			
401(k)			
403(b)			
457			
Name:		Date:	
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