

SURVIVOR'S INFORMATION GUIDE

AS A BENEFIT OF OUR MEMBERSHIP, WE HAVE PREPARED A BROCHURE OF INFORMATION WHICH MAY BE HELPFUL TO A FAMILY MEMBER OF AN INCAPACITATED MEMBER OR A SURVIVING SPOUSE / DOMESTIC PARTNER. MAKE SURE THAT YOUR SPOUSE / DOMESTIC PARTNER OR PERSON YOU DESIGNATE TO HANDLE YOUR AFFAIRS IS FAMILIAR WITH THE CONTENTS OF THE BROCHURE AND IS AWARE OF ITS LOCATION.

DEALING WITH THE LEGAL RAMIFICATIONS THAT OCCUR AFTER A LOSS OF A SPOUSE OR DOMESTIC PARTNER CAN BE DIFFICULT OR TROUBLESOME. WE HAVE PREPARED A LIST OF AGENCIES AND ORGANIZATIONS THAT MUST BE NOTIFIED AS SOON AS POSSIBLE. THE MORE TIMELY THE NOTIFICATIONS, THE SMOOTHER THE PROCESS WILL BE FOR IMPLEMENTING THE SURVIVORS BENEFITS.

ACTIVE MEMBERS

CURRENT WORK LOCATION

LOCATION NAME _____

SUPERVISOR' NAME _____

ADDRESS _____

PHONE _____

PERSONNEL DEPARTMENT

AGENCY _____

ADDRESS _____

PHONE _____

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(Active Employees Only)

New York City Department of Environmental Protection

59-17 Junction Boulevard

Elmhurst, Queens

718-595-7000

Attn. Department of Personnel

Local Union # 3 IBEW

158-11 Harry Van Arsdale Ave.

Flushing New York 11365- 3095

718-591-4000

BA-CEE Division (Stationary Engineers)

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Agency _____

Address _____

Telephone Number _____

Attn. Department of Personnel

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(Retired Employees Only)

New York City Employees Retirement System

325 Adams Street (Suite 2300)

Brooklyn, New York 11201-3724

Survivors benefits 347-643-3800

New York City Department of Labor Relations, Employee Benefits Program

40 Rector Street (3rd Floor)

212-513-0470

Local Union # 3 IBEW

158-11 Harry Van Arsdale Ave.

Flushing New York 11365- 3095

718-591-4000

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****Social Security Administration***

800- 772-1213

Go to your local Social Security Office

* Must Call SSA if the Deceased was receiving Social Security and or Medicare

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The Following Information is required to settle my affairs:

1. Date & Place of Birth _____
2. Copy of Birth Certificate is in _____
3. (4)Copies of Death Certificate _____
4. Social Security # _____
5. Last Work Site _____
6. Last Job Title _____
7. Retirement Date _____
8. Pension # _____
9. Pension Option _____
10. Annuity Number _____
11. Health Plan _____
12. Health Plan ID # _____
13. Medicare Card #Spouses Health Plan _____
14. My Spouses Health plan _____
15. Other Organizational benefits (with contact information)
 - a. _____
 - b. _____
 - c. _____

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The Following is additional Information should be readily available if the member should become incapacitated or Deceased

1. Will (copy)
2. Living Will – (If applicable)
3. Health Care Proxy – (If applicable)
4. Power of Attorney – (if applicable)
5. Authorization forms to access Health Information (if applicable)
6. Bank – Name, Location, Account # (Savings, Checking etc.)
7. Safety Deposit Box & Key
8. Tax Papers
9. Tax Account- Name & Contact Information
10. Investment Broker- Name & Contact Information
11. Life insurance- Company Name Policy Number& Contact Information