

**Chairperson**  
*Glenn L. Damato*  
**Trustees**  
*Brian Hamerman*  
*Robert Byrnes*  
*J.T. Lydon*  
*Irene Laracuenta*  
*Donna Orr*  
*James Shields*  
*Michael Papanicolaou*  
*John Stubbs*

**New York State Court Clerks Association**  
**Security Benefits Fund**

170 Duane Street, New York, NY 10013  
 Office: (212) 941-5700 Fax: (212) 941-5705  
 www.nyscourtclerks.org



**Change of Benefit Status  
 Notification Form**

**Add or Delete Dependent**

Member's Last Name		Member's First Name		Member's Social Security No.	
Member's Mailing Address			Apt. No.	Member's Date of Birth MM / DD / YY	
City		State	Zip	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
E-mail Address		Telephone No.		Cell Phone No.	

**Add Dependent**

**Delete Dependent**

Dependent's Last Name		Dependent's First Name		Relationship to Member	
Dependent's Mailing Address			Apt. No.	Dependent's Date of Birth MM / DD / YY	
City		State	Zip		
E-mail Address		Telephone No.		Cell Phone No.	

Reason for Change:

  
  
  
  
  
  
  
  
  
  
  

I certify that the information given is correct

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you like to add a new dependent, please enclose a copy of a Birth Certificate, Adoption Orders, Marriage Certificate or other appropriate certification.**

**If you like to delete a current dependent, please state reason why and enclose appropriate documentation. Please Complete and sign the form. Return all documents to the Fund Office. Upon receipt, we will give our prompt attention.**

**Mail completed forms to:**

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