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**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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