

Chairperson
Michael Greico

Trustees
Jennifer L Murphy
Roselyn Acevedo
Averell Golub
Yoseph Goldstein
Juanita Jordan
J.T. Lydon
Renee Sealey
Donna Orr

New York State Court Clerks Association
Security Benefits Fund

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



Change of Benefit Status
Notification Form

Add or Delete Dependent

Member's Last Name	Member's First Name		Member's SSN (last 4 digits)	
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 or Email completed forms to:

New York State Court Clerks Association
170 Duane Street
New York, NY 10013
Office (212) 941-5700 – Email: courtclerkclaims@aol.com