

**Chairperson**  
 Imogene Jones  
**Trustees**  
 Jennifer L Murphy  
 Anthony Distefano  
 Brian Hamerman  
 Irene Laracuenta  
 J.T. Lydon  
 Elizabeth Murray  
 Donna Orr  
 Renee Sealey

# 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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