

Chairperson
 Imogene V. Jones
Trustees
 Jennifer L. Murphy
 Anthony Distefano
 Brian Hamerman
 Juanita Jordan
 Irene Laracuenta
 J.T. Lydon
 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 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 completed forms to:

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