DETECTIVES' ENDOWMENT ASSOCIATION
HEALTH BENEFITS FUND
26 THOMAS STREET, NEW YORK, NY 10007
(212) 587-9120
Katiehernandez@nycdetectives.org

Please print clearly and fill out complete form.

Status: Active ☐ Retired ☐

Social Security No.:_____ Tax ID No.:_____

Name:_____ DEA ID No.:_____
(*Last, First, MI*)

Address:_____ Apt. No:_____

City:_____ State:_____ Zip:_____

Telephone No.:_____ Cell Phone No.:_____

Email:_____

Name Change: New Name:_____ Former Name: _____

Copies of City/State Marriage, Birth and Death Certificates or Divorce Papers must be attached for Dependents you want to "Add" to or "Delete" from Benefits. SS# Is MANDATORY REQUIRMENT for all dependents.

Please list **ONLY** Spouse/Domestic Partner or Eligible Dependents you want to "Add" or "Delete".

Name:_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____
(*Month/Day/Year*)

Name:_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____
(*Month/Day/Year*)

Continue on reverse side to "Add" or "Delete" more Dependents

_____ _____

Member's Signature ***Dat***

Please list **ONLY** Spouse/Domestic Partner or Eligible Dependents you want to "Add" or "Delete".

Name:_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____

(*Month/Day/Year*)

Name:_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____

(*Month/Day/Year*)

Name:_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____

(*Month/Day/Year*)

Name :_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____

(*Month/Day/Year*)

Name:_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____

(*Month/Day/Year*)

Name:_____ Social Security No.: _____

Date of Birth:_____ Relationship to Member:_____

(*Month/Day/Year*)

Please ask for more sheets if necessary.

_____ _____

Member's Signature ***Date***