	BENEFITS	**DETECTIVES' ENDOWMENT ASSOCIATION** **HEALTH BENEFITS FUND** **26 THOMAS STREET, NEW YORK, NY 10007** **(212) 587-9120**

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MEMBER INFORMATION

_____

Status

o Active o Retired

Social Security #: _____ Tax ID: _____ DEA ID: _____

Last Name: _____ First Name: _____ MI: _____

[] I want to update my Address

Address: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

[] I want to update my Phone Number

Telephone No: _____ Cell Phone: _____

[] I want to update my Email

eMail: _____

[] I want to change my Name

Provide document showing the name change.

New Name: _____ Former Name: _____

[] I want to update my Add/Remove my Dependents

Spouse/Domestic Partner and Eligible Dependents

Note: Copies of city/state marriage & birth certificates must be attached for dependents to be added to benefits. Social Security Number for all dependents is mandatory. Copy of letter from the city health benefits to add domestic partner.

Copies of divorce papers, termination of domestic partnerships form or death certificate must be attached when removing dependents.

Last Name: _____ First Name: _____ MI: _____

SSN: _____ DOB: _____ Relationship to Member: _____ Action: _____
(Add/Delete)

ADD/REMOVE MY DEPENDENTS (continued)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)

Last Name: ______________________________ First Name: ______________________ MI: _____

SSN: _______________ DOB: ___________ Relationship to Member: _______________ Action: _____
(Add/Delete)