



# Manasota 10-13 News

"AN ORGANIZATION OF RETIRED NEW YORK CITY POLICE OFFICERS OF ALL RANKS"

## PRESIDENT

Anthony "Tony"  
Marone  
941-706-6324 Cell  
[timarone@verizon.net](mailto:timarone@verizon.net)

## VICE PRESIDENT

Lee Reeves  
941-232-2745  
[nypd10.13@aol.com](mailto:nypd10.13@aol.com)

## TREASURER

Joe Timmons  
212-991-8314 Cell  
[Sijoe22@yahoo.com](mailto:Sijoe22@yahoo.com)

## SECRETARY

Reenie Ram  
347-722-0288 Cell  
[Pridenblue@aol.com](mailto:Pridenblue@aol.com)

## Sgt-At- Arms/ Quartermaster

Tim Van Schultz  
941-232-9823 Cell  
[Tvs1461@aol.com](mailto:Tvs1461@aol.com)

## Health - Welfare Officer

Len Salerno  
646-302-1849 Cell  
[Lsa11@aol.com](mailto:Lsa11@aol.com)

## IMMEDIATE PAST PRESIDENT

Richard Adler  
941-258-4481 Cell  
[Rha53@hotmail.com](mailto:Rha53@hotmail.com)

## CLUB HISTORIAN

Victor Rohe  
941-302-3626 Cell  
[LawMan@virohe.com](mailto:LawMan@virohe.com)

## 1013 CLUB WEB SITE

<http://www.10-13manasota.com>

## PAST PRESIDENTS

- \* Al Turi
- \* Walter Wunderlich
- \* Pat Martinucci
- \* Art Zabriskie
- \* Ken Stokes
- \* Andy Flock
- \* Nick Mattera
- \* Bill Kelly
- Jack Cantwell
- \* Joe Maier
- John Donovan
- Victor Rohe
- Rich O'Brien
- Lee Reeves
- \* Joe Monteleone
- Richard Adier

\*Deceased

## THE NEXT MEETING

NOVEMBER ISSUE 2021

TUESDAY, NOVEMBER 16<sup>TH</sup> 2021, 6 PM

FOP LODGE #3, SARASOTA

## PRESIDENT'S MESSAGE

### GREETINGS MANASOTA 1013 CLUB MEMBERS

On behalf of the Manasota 10-13 Board of Directors and myself, we wish you & your family a very Happy Thanksgiving Holiday. As is our custom, we will be enjoying a Thanksgiving catered dinner (turkey & trimmings) for only \$10.00 pp at the November meeting, 11/19/2021, spouses invited. Dinner served 5 PM, meeting starts at 7:30 PM. **Please let me know you are attending**, 941-706-6324 or [tjmarone@verizon.net](mailto:tjmarone@verizon.net).

There have been a multitude of questions regarding the change of Medicare coverage for those of us 65 yoa or on SS disability. Of course, this also affects all those retiring from a "City" job in the future. You will be placed in the new Medicare Advantage Plan operated by a new group entitled the "Alliance". You will NOT be covered any longer by Original Medicare, thanks to the current Mayor. This has led to NYS Court challenges. At this time there is an injunction in place on the "City" not to place this in effect on 1/02/22 the original projected start date. We are awaiting the Judges Review and decision. Details to be found in this newsletter.

This injunction allows NYPD retirees additional time to opt-out of the new plan & join another plan. I have been recommending the AETNA Medicare plan which will only cost \$20.00 per person per month. No deductible nor co-pays. The 3 forms are included in this Newsletter. 1 to opt-out (each), 1 to sign up for AETNA (each) & 1 OLR Change form from your existing plan, using the "once in a life time change" option, box C, upper right hand corner starting 12/01.

Be safe, stay well,

Fraternally, Tony.



Anthony

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**From:** Anthony <tjmarone@verizon.net>  
**Sent:** Saturday, October 23, 2021 4:53 PM  
**To:** Anthony "Tony" Marone \* \*\*  
**Subject:** Agenda for November 16th, 2021 Manasota 10-13 Club Meeting

**Importance:** High

**MANASOTA 10-13 CLUB AGENDA FOR NOVEMBER 16, 2021 MEETING**

**\*\*\*PLEASE WEAR FACE MASKS AT THE MEETING IF YOU'RE *NOT* VACCINATED.\*\*\***  
**PLEASE, NO CARD PLAYING UNTIL THE MEETING IS ADJOURNED.**

- Prayer/moment of silence
- Pledge to the flag
- Call to order
- Determination of Quorum
- Reading/Approval of last meeting's minutes. (emailed Club's Newsletter along with this agenda.)
  
- **Guest Speaker**
  - None.
  
- **Committee Reports**
  - President's Report
  - Vice President's Report
  - Treasurer's Report – Reading/approval of Report
  - Health & Welfare Report
  - Secretary's Report
  - Sgt-at-Arms/Quartermaster's Report
  
- **Old Business**
  - New 10-13 Club License Plates (specially made) are in stock and for sale for **\$10.00** ea.
  - Manasota 10-13 Club Official POLO Shirts now in stock embroidered on blue shirt for only **\$25.00**. Also have blue or gray "T" Shirts with 10-13 white shield for **\$10.00**. See Sgt-at-Arms/Quartermaster Tim Van Schultz, 941-232-9823.
  
- **New Business**
  - Latest Medicare Change and related information. The 10/31/21 filing deadline has been cancelled by the Court.
  - 10-13 CLUB SCHOLARSHIP RAFFLE, \$10.00 PER TICKET – HANDGUN. Drawing held at next President's Quarterly meeting date in February, 2022 & will continue on a quarterly basis throughout 2022. See Secretary Reenie for raffle tickets.
  - The Newly designed Manasota 10-13 Club's Website has been established, check it out,  
[www.10-13Manasota.com](http://www.10-13Manasota.com). Club pictures will be added under new photo section.

## MANASOTA 10-13 CLUB MINUTES OCTOBER 12TH, 2021

### **I. CALL TO ORDER:**

President Tony Marone called to order the meeting of the MANASOTA 10-13 CLUB held at The Fraternal Order of Police Lodge # 3 Sarasota, at 7:05pm.

### **II. ROLL CALL, PLEDGE OF ALLEGIANCE, AND PRAYER:**

The following Board Members were present; A Quorum was met.

**President:** Tony Marone

**Vice President:** Lee Reeves

**Treasurer:** Joe Timmons

**Secretary:** Reenie Ram

**Health & Welfare Officer:** Len Salerno

**Sgt. at Arms & Quartermaster:** Tim Van Schultz

41 additional members were in attendance.

Pledge and prayer were led by Lee Reeves.

### **III. APPROVAL OF THE MINUTES FROM LAST MEETING:**

John Stewart made a motion to waive the reading of the minutes from the last meeting and was 2nd by Tony Maggio, approved.

### **GUEST SPEAKERS:**

Sheriff Kurt Hoffman spoke before the meeting about his 280 days in office and what he's been doing. He was also chief deputy before becoming sheriff. He brought all of the members present at the meeting their 100th anniversary challenge coin. This is the 200th years of Sheriff's in Florida, and some of the jurisdictions around the country are talking about defunding the police well that's not happening here. We are providing a New Strategic Plan for the next four years, since crime is pretty low in Sarasota, we have been concentrating on quality of life crimes. Our part 1 crimes which are our violent crimes are down 54% since 2009, we have cut it in half. We have tactic forces out there working on the drugs, fentanyl, meth issue we are having and president Biden isn't helping this at all. with the southern border, its coming from Arizona and Texas, the boarder is a problem. We have deported over 700 immigrants since 2010, but we support those coming here legally. He would like to go to the boarder to see it for himself. There also has been an uptake in human trafficking as well. We have a good partnership with ICE, with this we can hold these inmates up to 48 hours, serve the ICE warrant and then turn them over to ICE for deportation. In light of what happened in Minneapolis, it's brought up the issues on Police Reform, I think it's a good debate and what happened well all got caught up in that narrative the police are bad, excessive use of force occurs everywhere, I have done my best to create a culture of diversity , inclusion, at the Sarasota County Sheriff's department to let the citizens know what we are doing here for them. I also am hiring good professional people and training them. You can go to our website [SarasotaSheriff.org](http://SarasotaSheriff.org) and you can see our campaign called "How we serve". Also how we are serving our veterans in the jails and those with mental health. We also have an Afghan sheriff that is serving the sheriff's dept. and was an interpreter in Afghanistan. He saved a life of a Navy Seal and got his citizenship because of it. He's been here in the United States for 10 years now. His family is in danger and has 33 family members over in Afghanistan and in the last month we have trying to get them over here. They are now in Fort Bliss Texas by way of Germany, and we have 20 of them have their special immigrant visas. We set up a GOFUNDME page to donate for his family members that are coming to Sarasota by looking up Sarasota Sheriff

Kurt Hoffman. The Manasota 10-13 Club presented Sarasota Sheriff Kurt Hoffman a plaque in appreciation for his support of the brothers and sisters at the Manasota 10-13 Club, 2021. He has be appreciated for his commitment in allowing our Manasota 10-13 Club members to use the Sheriff's gun range for the annual HR-218 qualifications.

#### **IV. COMMITEE REPORTS:**

##### **PRESIDENT'S REPORT:**

**NEXT GENERAL MEETING IS NOVEMBER 16TH, 2021, FOOD SERVED AT 6PM, GAVEL AT 7:30 PM, immediately following the FOP Monthly meeting.**

I have been doing Lou's newsletter, since his passing, and the information in that newsletter is about what we discuss in the meetings and what is going on in the City. There is a lot going on with the Medicare insurance issues with the City. The minutes are also included within the newsletter. I send them out in your email and I hope that you are reading them.

We have the new website up and running at this time thanks to Sara Welch who we have contracted to maintain and update our website, [www.10-13Manasota.com](http://www.10-13Manasota.com) , anything to add to it please let Tony Marone know.

We have 133 members and we just added 5 new members tonight, (138) Welcome Jim Smith, Ralph Del Core, Suzanne Kelly, Lucas Pena and Gilbert Vargas and hopefully they can attend future meetings and participate in Club activities when we are able to get back to doing them after COVID issues are over with.

##### **TREASURER'S REPORT:**

Joe Timmons reports that our bank account has \$5434.35 and \$254.00 in petty cash, 1st motion Paul Redecha and 2nd by Len Salerno, motion approved.

#### **V. OLD BUSINESS:**

- A. Membership applications are in the newsletter, please actively recruit new members.
- B. New 10-13 License plates (specially made) are in stock and for sale for **\$10.00** each.
- C. Polo shirts are available for \$25.00 and T-Shirts are \$10.00 for gray and \$15.00 for white and blue with 5 color logos, see Quartermaster Tim Van Schultz, 941-232-9832.
- D. Members of the 10-13 Club with expired ID Cards get the benefit of receiving them through the mail. As of now the COVID-19 has caused delays.
- E. To place a business card ad in the 10-13 Newsletter for the calendar year 2022, please make a \$35.00 check out to the Manasota 10-13 Club, mail actual business card and check to Joe Timmons at 1036 Marlin Lakes Circle Apt. # 1418, Sarasota, Fl 34232  
**\*\*\*\*PLEASE PATRONIZE OUR SPONSORS\*\*\*\***
- F. Need to update any changes to your personal information with Joe Timmons or Tony Marone when appropriate. **MOST IMPORTANT:** We need everyone's DOB, Appointment date and Retirement date on file. Forms are available at the meetings, please turn them into Joe Timmons or Tony Marone.

## **VI. NEW BUSINESS:**

- G. 10-13 Scholarship Raffle, \$10.00 per ticket for a Smith & Wesson M & P 9 Shield Plus Handgun (retail value \$550.00) including a 10 and 13 round mags. The drawing will be held at the National 10-13 President Meeting in February 2022. These tickets will be sold at each meeting and a winner pulled at the quarterly President's meeting. LET'S GET ALL THESE TICKETS SOLD for this quarter. THANKS TO ALL WHO HAVE PARTICIPATED SO FAR AND GOOD LUCK!
- H. Latest Medicare change required forms are in the newsletter. The deadline for filing is October 31st, 2021. There was a discussion via Zoom at the October 2nd, 2021 with Aetna guest speaker that discussed your opt-out choice to stay in the current Aetna plan. You can also opt-out to stay in your Senior Care plan with Emblem Health as well. This deadline of October 31, 2021 is also the last opportunity to use your once in a lifetime opt-out to changeover to Aetna, because you will no longer have the option for Aetna plan after January 1, 2022, so only if this is a viable choice for you and your family.
- I. The newly designed Manasota 10-13 Club's website has been established, so please check it out at [www.10-13Manasota.com](http://www.10-13Manasota.com)
- J. Our Club is in need of a volunteer as a Newsletter Editor-in-Chief. Please let President Tony Marone know if anyone is interested.

## **VII. SICK AND DISTRESSED:**

Please continue your prayers for all of our recovering members to return to good health.  
Wishing Bill Gigante a speedy recovery as well.  
Additionally, wishing Steve De Geronimo a speedy recover from back surgery.  
Also, wishing Tony Marone a complete recovery from kidney surgery.

## **VIII. GOOD OF THE ORDER:**

- K. 50/50 raffle was conducted, 1st prize of \$40.00 to John Ferrito, 2nd prize of \$20.00 to John Ferrito and gave it back to the club, 3rd prize of \$15.00 to Paul Redecha and gave it towards the club donation to Tunnels to Towers, and 4th prize of \$15.00 to Mike Resnick and gave it to the Sheriff Kurt Hoffman towards his GoFundMe page.
- L. A motion was made by Tim Van Schultz for the Club to make a donation of \$250.00 to the GoFundMe page set up by Sheriff Kurt Hoffman for Afghan Interpreter Family Relocation Initiative for Sarasota County Deputy Mubarak and his family. Paul Redecha 2nd the motion. Motion carried.
- M. Thanks to Tony Marone, Joe Timmons and Lee Reeves for volunteering to clean and sanitize the FOP building for our meetings to keep us all safe and healthy.
- N. Thanks for the food being supplied by Mitch of Mad Dog Hot Dogs (Venice) for the pasta and meatballs for tonight's meeting.

## **IX. ADJOURNMENT:**

- O. Motion for adjournment 1st Gene Barattini and 2nd by Tony Maggio, meeting adjourned at 8:10 pm.

- **WANTED Club Newsletter Editor-in-Chief. Tony will assist with info for Newsletter.**
  
- **Good of the Order**
  - **Comments from the membership/items to be added. (Attendees).**
  - **50/50 winners announced at end of meeting.**
  
- **Sick & Distressed**
  - **Wishing Steve De Geronimo a speedy recovery from back surgery.**
  - **Tony Marone recovering from kidney surgery.**
  - **Wishing Bill Gigante a speedy recovery from his procedures.**
  
- **Adjournment**
  - **Motion to adjoin and seconded at this time needed to close Meeting.**



BIRTHDAYS & ANNIVERSARIES

MEMBERS

11/02<sup>ND</sup> SYLVERSTER BONARTI

11/02<sup>ND</sup> ERIC LASCHKE

11/02<sup>ND</sup> MAURA McCANN

11/03<sup>RD</sup> WADE BRATHWAITE

11/07<sup>TH</sup> ROBERT WEITZMAN

11/09<sup>TH</sup> JOSEPH EPPOLITO

11/10<sup>TH</sup> ED BRYMER

11/10<sup>TH</sup> WILLIAM GIGANTE

11/16<sup>TH</sup> GILBERT VARGAS

11/17<sup>TH</sup> DONALD GESSNER

11/28<sup>TH</sup> DENIS KEANE

12/03<sup>RD</sup> ROBERT HIGGINS

12/09<sup>TH</sup> RONALD SINGLETON

12/11<sup>TH</sup> GERALD VAN RIPER

12/16<sup>TH</sup> JOHN PIZZANO

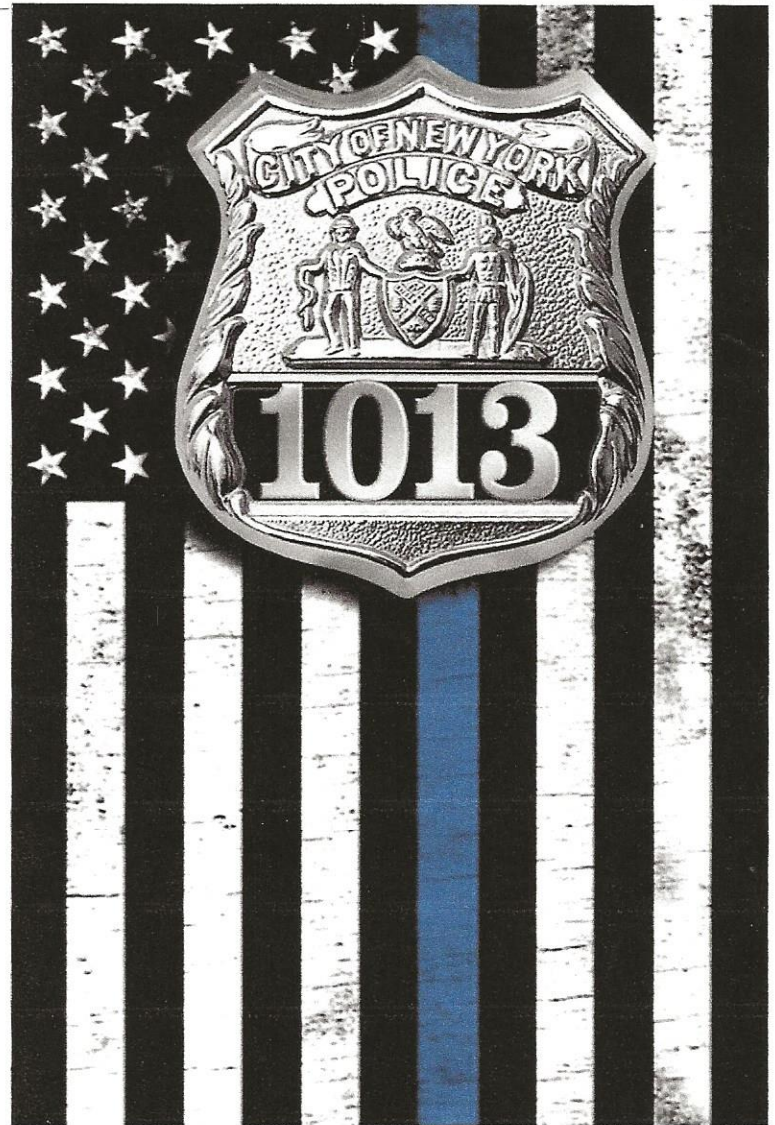
12/17<sup>TH</sup> SHARON BROOKS

12/17<sup>TH</sup> GERALD REX

12/07<sup>TH</sup> ALLEN SMITH

12/23<sup>RD</sup> JOE TIMMONS

12/31<sup>ST</sup> LOUIS LaGOIS

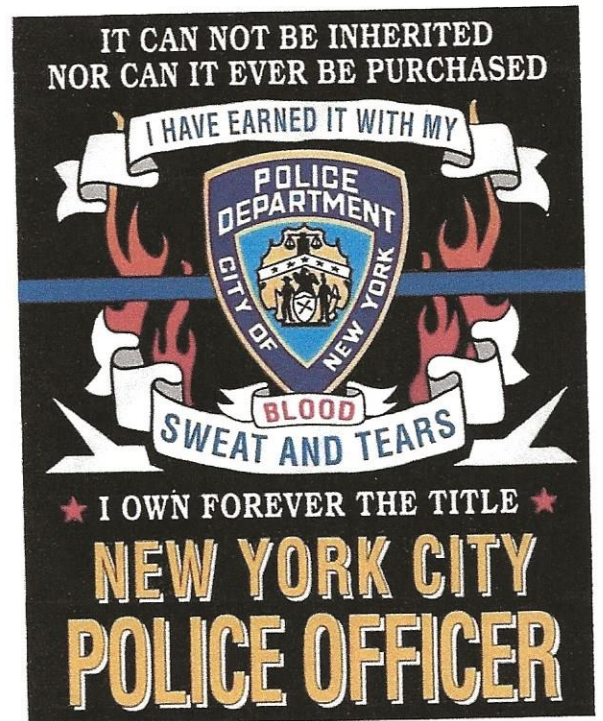


SPOUSE

11/02<sup>ND</sup> MAURA McCANN  
11/02<sup>ND</sup> KATHLEEN VARSKA  
11/03<sup>RD</sup> WADE BRATHWAITE  
11/05<sup>TH</sup> LINDA DUQUETTE  
11/06<sup>TH</sup> JEAN DeMANGE  
11/11<sup>TH</sup> NATILIA RIVERA  
11/11<sup>TH</sup> CONNIE WEITZMAN  
11/26<sup>TH</sup> MIA CONNORS  
11/26<sup>TH</sup> ELIEEN FERITO  
11/29<sup>TH</sup> JUDITH PLANTY  
12/03<sup>RD</sup> DENISE KEGAL  
12/03<sup>RD</sup> ANDIE LATHER  
12/04<sup>TH</sup> MADELINE SALERNO  
12/06<sup>TH</sup> DIANE VINCITORE  
12/19<sup>TH</sup> JULIA McMAHON  
12/27<sup>TH</sup> ARLENE SMITH

ANNIVERSARIES

11/03<sup>RD</sup> JOHN & EILEEN FERITO  
11/14<sup>TH</sup> MIKE & KERRY MAZZELLA  
11/16<sup>TH</sup> TIM & CHEMAINE LIFFEY  
11/17<sup>TH</sup> DAVID & VALERIE SEGAL  
  
11/23<sup>RD</sup> MIKE & DIANE VINCITORE





11/25<sup>TH</sup> WOODY & CHRISTINE SCHUESSLER

11/25<sup>TH</sup> ROBERT & CONNIE WEITZMAN

11/29<sup>TH</sup> JOE & CONNIE TIMMONS

12/10<sup>TH</sup> FRANK & DENISE KEGEL

12/13<sup>TH</sup> JOSEPH & DONNA CALIQURI

12/19<sup>TH</sup> RICHARD & ROSE SCANTLEBURY

BOOSTER DONATIONS - 2021

WILLIAM GIGANTE - \$100.00

WALLY TRAVIS - \$40.00

ARNIE RING - \$25.00



# THEY MUST NEVER BE FORGOTTEN





# Manasota 10-13 Club®

"AN ORGANIZATION OF RETIRED NEW YORK CITY POLICE OFFICERS OF ALL RANKS"

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- Jack Cantwell
- \* Joe Maier
- John Donovan
- Victor Rohe
- Rich O'Brien
- Lee Reeves
- \* Joe Monteleone
- Richard Adier

\*Deceased

## MEMBERSHIP APPLICATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ MALE ( ) FEMALE ( )

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

WEDDING DATE \_\_\_\_\_ SPOUSE'S DOB \_\_\_\_\_ (NO YR.)

EMAIL ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ LAW ENFORCEMENT AGENCY \_\_\_\_\_

TAX # \_\_\_\_\_ APPOINTMENT DATE \_\_\_\_\_ RETIREMENT DATE \_\_\_\_\_

RETIREMENT MODE: SERVICE ( ) ORDINARY DISABILITY ( ) ACCIDENTAL DISABILITY ( ) VESTED ( )

LAST COMMAND \_\_\_\_\_ LAST RANK HELD \_\_\_\_\_

PREVIOUS COMMANDS \_\_\_\_\_

I declare my desire for membership in the Manasota 10-13 Club, Inc. I will submit my membership fee and regularly subscribe my renewal fee by the 1<sup>ST</sup> of March each year to remain a member in good standing. I attest that I am a bona fide honorably retired Law Enforcement Officer.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

Make Check Payable To: Manasota 10-13 Club, Inc.

Mail check & copy of NYPD ID Card to Treasurer,

**Joe Timmons**  
1036 Marlin Lakes Circle,  
Apt.1418, Sarasota, Fl  
34232

**MEMBERSHIP FEE IS \$30.00**

**LATE RENEWAL FEE  
AFTER 2/28, \$40.00.**



## WE NEED YOUR HELP

We would like to update our files. Please complete this form and return  
as soon as possible. This information is for the use of the Manasota 10-13  
Club only. Thank you.

### Manasota 10-13 Club member information

Name \_\_\_\_\_

Street address \_\_\_\_\_ Unit or apt. # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Florida telephone # \_\_\_\_\_ Northern telephone # \_\_\_\_\_

E-mail: \_\_\_\_\_ Work # \_\_\_\_\_

Birthday (no year) \_\_\_\_\_ Date appointed to NYPD (include year) \_\_\_\_\_

Date of retirement (include year) \_\_\_\_\_ Rank \_\_\_\_\_

Last command \_\_\_\_\_ S.S./Pension #: \_\_\_\_\_

Next of Kin(Name, Address, Telephone) \_\_\_\_\_

Present marital status \_\_\_\_\_ If married, anniversary date (no year) \_\_\_\_\_

Spouse name \_\_\_\_\_ Spouse birthday (no year) \_\_\_\_\_ Year joined Club \_\_\_\_\_

Complete, clip & send to:

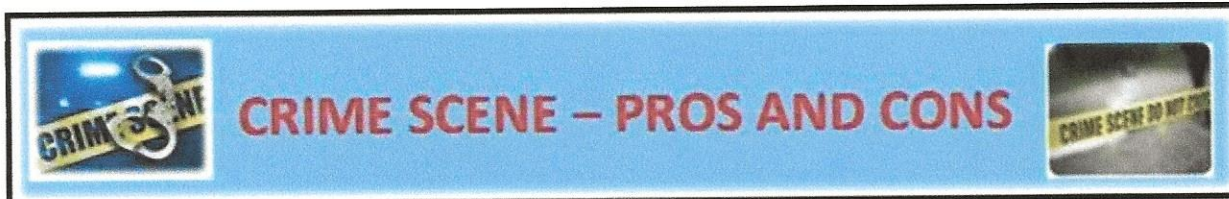
Anthony Marone  
3872 Mira Lago Dr  
Sarasota, FL 34238



Anthony

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**From:** kaline27@comcast.net  
**Sent:** Wednesday, October 6, 2021 2:34 PM  
**To:** 'Al Maio (Dist 4)'; 'Christian Ziegler (Dist 2) BCC'; 'Mike Moran (Dist 1)'; 'Nancy Detert (Dist 3) BCC'; 'Ron Cutsinger (Dist. 5'  
**Subject:** Crime Scene 10-2021 (The Bite Con) doc.



10-2021



Ken Kleinlein

**THE BITE CON GAME IS MAKING THE ROUNDS AGAIN**

There is an old con game surfacing again called THE BITE.

Hackers use a number of methods to gain your address book info or e mail info.

They then contact you with a hard luck story to steal money or goods.

They use the name of a person you know to get you to open their scam e mails.

I received one recently that started out innocently allegedly from a person I sit on a Board with.

I decided to answer to see where it would go.

(See below).

BRENDA E. XXXXXX

**Sent:** Monday, September 27, 2021 10:59 AM

**To:** [kaline27@comcast.net](mailto:kaline27@comcast.net)

**Subject:** GIFT ITEM

Hi,

Sorry to bother you, Do you shop with Amazon

Thanks

Brenda

**From:** [kaline27@comcast.net](mailto:kaline27@comcast.net) <

**Sent:** Tuesday, September 28, 2021 6:33 AM

To: [bwdca@outlook.com](mailto:bwdca@outlook.com) <[bwdca@outlook.com](mailto:bwdca@outlook.com)>

Subject: RE: GIFT ITEM

Hi Brenda:

I don't use Amazon.

Thanks for asking.

Take care and Stay Safe

Hi to all Board Members.

Ken

[kaline27@comcast.net](mailto:kaline27@comcast.net) <

Sent: Tuesday, September 28, 2021 6:33 AM

To: [bwdca@outlook.com](mailto:bwdca@outlook.com)>

Subject: RE: GIFT ITEM

I received this response to my e-mail

Check out the phony e mail address they used.

Thanks for the response, I need to get an Amazon gift card for **my niece who is diagnosed with stage 4 mesothelioma cancer,**

**She had lost both parents to the disease (COVID-19.** it's her birthday, but I can't do this now because I'm currently out of town

the stores around here are out of stock and I tried purchasing online but unfortunately no luck with that.

**I was wondering if you could help me get it from any store around you, and I'll reimburse you when I get back.**

kindly let me know if you can handle this?

Thanks,

Brenda

I was now 100% sure it was a con game to get me to purchase a gift card or item and send it to the Scammer!

If you receive such a contact don't fall for it. Contact the person they used from your address book, compare the e mail address, and let them know you received a fake e mail using their name.

Take care, be careful, and I'll see you at the next Crime Scene.

God Bless and protect our military, law enforcement, fire fighters, health workers, and EMT's.

Ken is a former detective with the NYPD special frauds squad coordinating with local, state, and federal law enforcement, and accredited security firms on matters of crime prevention and public information.

**SUPREME COURT OF THE STATE OF NEW YORK  
NEW YORK COUNTY**

**PRESENT: HON. LYLE E. FRANK PART 52M**

*Justice*

-----X  
INDEX NO. 158815/2021  
MOTION DATE 10/20/2021  
MOTION SEQ. NO. 001 003

NYC ORGANIZATION OF PUBLIC SERVICE RETIREES,  
INC, LISA FLANZRAICH, BENAY WAITZMAN, LINDA  
WOOLVERTON, ED FERINGTON, MERRI TURK LASKY,  
PHYLLIS LIPMAN,

Petitioner,

- v -

**DECISION + ORDER ON  
MOTION**

RENEE CAMPION, CITY OF NY OFFICE OF LABOR  
RELATIONS, CITY OF NEW YORK,

Respondent.

-----X

The following e-filed documents, listed by NYSCEF document number (Motion 001) 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 55, 56, 58, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111

were read on this motion to/for INJUNCTION/RESTRAINING ORDER.

The following e-filed documents, listed by NYSCEF document number (Motion 003) 59, 60, 61, 62, 77, 78, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94

were read on this motion to/for MISCELLANEOUS.

Petitioners, on behalf of themselves and other Medicare-eligible retirees of the City of New York, bring the instant petition alleging that the respondents took an unauthorized, improper action that materially affected some 250,000 New York City government retirees. The petition seeks to annul the amending of the health insurance offered to New York City retirees to a Medicare Advantage Plan. The Court’s decision addresses the order to show cause seeking a preliminary injunction.

Motion Sequence 003

The motion by MLC is denied. CPLR §1013 states in relevant part that intervention

"may be permitted ... when the person's claim or defense and the main action have a common question

of law and fact. The court shall consider whether the intervention will unduly delay the determination of the action or prejudice the substantial rights of any party. "

The Court finds that allowing this entity to intervene is not appropriate, as the current respondents are more than capable of articulating the position of why the awarding of the retirees' health insurance went to the Alliance; however, MLC will be permitted to have the position of *amicus curiae* during this litigation, and the documents they have submitted to date have been considered. Moreover, MLC was given an opportunity to speak at the last oral argument.

Motion Sequences 002

"A movant's burden of proof on a motion for a preliminary injunction is particularly high" *Council of the City of NY v Giuliani*, 248 AD2d 1, 4 [1st Dept 1998]. A party seeking a preliminary injunction must clearly demonstrate (1) the likelihood of ultimate success on the merits; (2) the prospect of irreparable injury if the injunction is not issued; and (3) a balance of the equities in the movant's favor. (*Doe v Axelrod*, 73 NY2d 748 [NY 1988]; *Housing Works, Inc. v City of New York*, 255 AD2d 209 [1st Dept 1998]).

As to likelihood of success on the merits, the Court feels that the method of implementation of this plan at present has been irrational, and thus arbitrary and capricious. It is not in dispute that currently, in the midst of a pandemic, that has been hardest on the elderly and infirm, retirees have been given a deadline of October 31 to either do nothing in which case their health care plan will change, or to stay in their current plan in which they will likely have to pay what can only be described as a penalty. At the same time, there is little clarity as to which health care providers will be accepting this new Medicare Advantage Plan. It is simply irrational for retirees to have to make this decision as circumstances currently stand.



Petitioners argue that they will be irreparably harmed if forced to make a health care coverage decision by the October 31, 2021 deadline for the new Medicare Advantage Program which is due to begin January 1, 2022. As noted, it is undisputed that much of the program terms are still unsettled and unclear. At the oral argument held on October 20, 2021, the attorneys representing the respondents made clear that medical providers were still being contacted to see if they will agree to this plan. Moreover, it appears that a public hearing that was scheduled for October 28 has been cancelled. The respondents contend that fluidity of participation in the plan of healthcare providers is always subject to change but concedes that many other factors of the plan have not yet been determined. As noted above, once October 31 comes and goes, according to the way this plan is currently being implemented, there will be no turning back and the retirees will be bound by their decision. Any harm that they have suffered to have to decide without adequate information will be irreparable.

Petitioners argue, and the Court agrees that the balance of equities are in their favor. “The balancing of the equities requires the court to determine the relative prejudice to each party accruing from a grant or denial of the requested relief” (*Barbes Rest. Inc. v ASRR Suzer 218, LLC*, 140 AD3d 430, 432 [1st Dept 2016] internal citations omitted). Here it is clear that the potential for prejudice to the petitioners outweighs any prejudice to the respondents. No contract has been signed apparently between OLR and the respondents. This Court has upheld the process used to pick the Alliance, so the entire process will not need to begin anew.

In sum, while the Court has already determined that respondents’ ultimate determination of choosing a Medicare Advantage Plan provider was rational<sup>1</sup> and does not intend to disturb that determination, the Court finds that the implementation of its program is irrational and if the

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<sup>1</sup> See the Decision and Order of the related action, AETNA 158216/2021.

petitioners and similarly situated individuals are required to opt-in or out of a medical program by the October 31, 2021 deadline there would certainly be irreparable harm. Accordingly, it is hereby

ORDERED that the respondents are enjoined from enforcing the October 31, 2021 Opt-Out/ Opt-In date; and it is further

ORDERED that petitioners maintain the status-quo enrollment in until the respondents cure deficiencies with the implementation of the proposed new Medicare Advantage Plan, and it is further

ORDERED that such new plan be sent to this Court for this Court to review and determine whether such plan cures the defects as indicated above, and it if further

ORDERED that such plan be sent to the petitioner's counsel seven days prior to such submission to the Court and petitioner may then provide any input regarding the proposed new plan to the Court.

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LYLE E. FRANK, J.S.C.

10/21/2021

DATE

CHECK ONE:

CASE DISPOSED  
GRANTED  
SETTLE ORDER  
INCLUDES TRANSFER/REASSIGN

DENIED

NON-FINAL DISPOSITION  
GRANTED IN PART  
SUBMIT ORDER  
FIDUCIARY APPOINTMENT

OTHER

REFERENCE

APPLICATION:

CHECK IF APPROPRIATE:

# NYC Medicare Advantage Plus Plan Opt-Out Form for current Senior Care members

Effective January 1, 2022, City of New York is automatically enrolling Medicare-eligible retirees, along with their eligible dependents, into a premium-free plan: The NYC Medicare Advantage Plus Plan.

## Important information for those who choose not to be enrolled in the NYC Medicare Advantage Plus Plan

If you choose to opt out of the NYC Medicare Advantage Plus Plan, you are acknowledging that **you agree to pay an additional plan premium of \$191.57 to remain in your current retiree health plan for 2022**, and if you have selected the 365 Hospital Rider, an additional \$2.83 to buy up to the 365 Hospital Rider, the specifics of which will be determined in August, and available on the Health Benefits Program website at <https://www1.nyc.gov/site/olr/health/summaryofplans/health-ratechart.page>

### You also acknowledge that:

- You can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in your current retiree health plan for 2022, the GHI/Empire BlueCross BlueShield Senior Care plan.

The opt-out period for the NYC Medicare Advantage Plus Plan is September 15, 2021, to ~~October 31, 2021~~.

To opt out of the NYC Medicare Advantage Plus Plan and remain in the GHI/Empire BlueCross BlueShield Senior Care plan for 2022, please complete and sign the form on the next page and return it via mail, fax or email. Each Medicare-eligible participant (i.e., retiree, spouse or dependent) must complete a separate opt-out form.

**DO NOT** complete this opt-out form if you would like to be enrolled in the NYC Medicare Advantage Plus Plan. No action is required by you. You will automatically be enrolled in the NYC Medicare Advantage Plus Plan effective January 1, 2022.

By your signature on the next page, you acknowledge that you **do not** wish to participate in the NYC Medicare Advantage Plus Plan and hereby elect to continue participation in your current plan option for 2022.

### *CMS-mandated language*

If you wish to cease your City of New York retiree health coverage altogether, complete the NYC Health Benefits Application/Change Form available on the Health Benefits Program website at: <https://www1.nyc.gov/site/olr/health/retiree/health-retiree-forms-and-downloads.page>. Please be advised, you will NOT be eligible for the reimbursement by the City of the Medicare Part B premium if you cease City of New York retiree health coverage. You may, however, reenroll in City retiree health benefits during the next Transfer Period.

IF YOU ARE ALREADY COVERED BY AETNA, SEND IN ONLY OPT-OUT FORM. OTHER FORMS NOT NEEDED.

# NYC Medicare Advantage Plus Plan Opt-Out Form

Complete this form if you wish to opt out of the NYC Medicare Advantage Plus Plan.

This section should be completed by the Medicare-eligible participant (each Medicare-eligible participant [i.e., retiree, spouse, or dependent] must complete a separate opt-out form):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Complete this section with the City Retiree's information:

Retiree's First Name: \_\_\_\_\_ Retiree's Last Name: \_\_\_\_\_

Retiree's Medicare Number: \_\_\_\_\_

Retiree's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City Agency from which the City employee retired: \_\_\_\_\_

By signing below, I elect to continue participation in my current health plan.

\_\_\_\_\_  
Signature of Participant Opting Out ONE PER MEMBER +  
ONE PER SPOUSE Date

**Return this form no later than ~~October 31, 2021~~, via one of the following methods:**

Complete electronically at: [www.empireblue.com/nyc-ma-plus](http://www.empireblue.com/nyc-ma-plus)

Mail to: NYC Medicare Advantage Plus Plan, PO Box 173605, Denver, CO 80217

Fax to: 877-494-7195

Phone: 833-325-1190

Email to: [NYCMAOPTOUT@empireblue.com](mailto:NYCMAOPTOUT@empireblue.com)

**Enrollment instructions**

**Answer all questions completely. Incomplete or incorrect information may delay the start of your coverage.** Below are the instructions for each section of the enrollment form. You can use this form to enroll or submit a plan change if you're already enrolled.

- Effective date:** Your coverage will begin on the first day of the month after you sign this enrollment form, or the date your enrollment is completed. **The effective date can't be earlier than the day you sign this form.**
- Former employer information:** Write the name of the former employer/union/trust offering this health plan (the company you retired from). List the group number and class code if you know it. The group number and class code number are not required. (This information may be pre-filled.)
- Personal information:** This is your name, address, phone number, etc. **Print clearly.**
- Medicare information:** This is your Medicare insurance information, found on your red, white and blue Medicare Card. Complete all the fields to avoid a delay in your coverage.
- Health plan selection:** Check the box next to the plan you want to enroll in. (There may be only one plan available). For more plan details, look at the benefit summary included in your enrollment packet.
- Select a provider:**
  - For Aetna Medicare Plan (HMO):** You're required to have a primary care physician (PCP) on file with us. This means you need to tell us who your doctor is. Write in the name of your PCP, their Primary Care ID number and their Provider ID number. You'll find this information in our Provider Directory.
  - For Aetna Medicare Plan (PPO):** You have the option to choose an Aetna network PCP. But when we know your doctor we can better coordinate your care. Write in the name of your Aetna Network PCP, their Primary Care ID number and their Provider ID number. You'll find this information in our Provider Directory.
- Medicare-related questions:** Read and answer these Medicare questions.
- Read this important section carefully:** DISCLOSURES
- Signature required:** Sign and date the application in the space provided.  
**Authorized representatives:** Sign the form and write in your information
- Make a copy for yourself and return original:** Make a copy of this entire application for your records. Then return your completed original form to the address below. A separate enrollment form must be completed for each Medicare-eligible dependent. Two forms may have been included for your convenience.

Call your former employer/union/trust or Aetna Medicare with any questions.

Phone number: 1-800-307-4830 (TTY: 711)  
 Hours: Monday - Friday, 8 AM - 9 PM ET  
 Mail to: Return enrollments to:  
           Jennifer Robertson - email or fax  
 Website: <https://CoNY.AetnaMedicare.com>  
 Fax Number: (860) 907-3010  
 Email: [conymailbox@aetna.com](mailto:conymailbox@aetna.com)

*(ONE PER MEMBER)  
(ONE PER SPOUSE)*

**Make a copy for yourself and return the original**

**EG21**



Applicant name: \_\_\_\_\_

Effective date: 12 / 01 / 21

**Answer these important questions**

Yes  No **Are you an Aetna member?** If "Yes," provide your member ID number \_\_\_\_\_

Yes  No **Are you the retiree?** If "Yes," provide retirement date (MM/DD/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_

If No, name of retiree: \_\_\_\_\_

Yes  No **Are you covering a spouse or dependents under this employer, trust or union plan?**

If "Yes," name of spouse: \_\_\_\_\_

Names of dependents: \_\_\_\_\_

Yes  No **Was your previous policy terminated?**

If "Yes," provide termination date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Yes  No **Are you a resident in a long-term care facility, such as a nursing home?**

If "Yes," provide the following information:

Name of facility: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Yes  No **Are you enrolled in your state Medicaid program?** If "Yes," provide your Medicaid number: \_\_\_\_\_

Yes  No **Will you have other prescription drug coverage in addition to the <Aetna Medicare> plan?**

Some individuals may have other drug coverage, including other private insurance, worker's compensation, TRICARE, Federal employee health benefits coverage, VA benefits or state pharmaceutical assistance programs.

If "Yes," please list your other coverage and identification number(s) for this coverage.

Name of other coverage: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Yes  No **Have you had creditable coverage since you became eligible for Medicare prescription drug coverage?** Creditable coverage is prescription drug coverage that is at least as good as Medicare prescription drug coverage.

If "Yes," my coverage started on \_\_\_ / \_\_\_ / \_\_\_\_\_ (date) and ended on \_\_\_ / \_\_\_ / \_\_\_\_\_ (date).

Name of other coverage: \_\_\_\_\_

**NOTE:** If you've not had creditable coverage, you may have to pay a late enrollment penalty. Aetna may ask you to provide evidence of creditable coverage. If you have questions about the late enrollment penalty, call Aetna at the number provided on this form.

Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:  Spanish  Other \_\_\_\_\_

Please contact us at **1-888-267-2637 (TTY: 711)** if you need information in an accessible format or language other than what is listed above. Our office hours are 8 AM to 6 PM, local time, Monday through Friday.

Applicant name:

Effective date: 12 / 01 / 21

**DISCLOSURES – Read this section carefully**

**By completing this enrollment application, I agree to the following:** Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B coverage. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. If I'm enrolling in a Medicare Advantage plan without prescription drug coverage (medical benefits only), I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available or under certain special circumstances. The Aetna Medicare Advantage plan serves a specific service area. If I move out of the area that Aetna Medicare Advantage plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I'm a member of the Aetna Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Aetna when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I may also be disenrolled if I do not pay any applicable plan premiums within the grace period. The effective date of disenrollment is in accordance with federal requirements.

**HMO plans:** I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, I must get all my health care from the Aetna Medicare Advantage plan, except for emergency or urgently needed services or out of area dialysis services. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Advantage plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**

**PPO plans:** I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Advantage plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization when required by the plan, **NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES.**

I've been advised not to cancel or drop any supplemental insurance I currently have until I receive written notification of my confirmed effective date from Aetna. I understand the providers in the Aetna network are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. I understand if I'm getting assistance from a sales agent, broker, or other individual employed by or contracted with Aetna's Medicare Advantage plans, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan. **Release of information:** By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aetna Medicare will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare. Plan features and availability may vary by service area.

**Signature:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**If you're the authorized representative, you must sign above and provide the following information:**

Representative's name:	Address:
Phone number:	Relationship to enrollee:





# Health Benefits Program Application/Change Form

www.nyc.gov/olr

Employees Return Form to:	Retirees (212) 513-0470 Return Form to:	For Domestic Partner Changes - Return Form to:
Your Agency's Payroll or Personnel Office	Please submit this form electronically to: <a href="https://nycemployeebenefits.leapfile.net">https://nycemployeebenefits.leapfile.net</a>	

STREET  
ADDRESS,  
22 CORTLANDT  
STREET, FLOOR  
12-14  
NYC, NY 10007

Please print all information clearly using a black or blue ballpoint pen.

Applicant **MUST** check one:  **EMPLOYEE**  **RETURN TO RETIREMENT (Check this box if you were previously retired)**  
 **RETIREE**  **LINE OF DUTY SURVIVOR**

### REASON(S) FOR SUBMISSION (Check one or more boxes. Enter change date, if appropriate)

<b>A.</b> <input type="checkbox"/> New Enrollment <input type="checkbox"/> Reinstatement* <input type="checkbox"/> Retirement <input type="checkbox"/> Disability Retirement* <input type="checkbox"/> Accident Disability Retirement <input type="checkbox"/> Drop Optional Benefits* *Please indicate Effective Date: ___/___/___	<input type="checkbox"/> Add Optional Benefits* <input type="checkbox"/> Waive Benefits* <b>EMPLOYEES ONLY:</b> <input type="checkbox"/> Buy-Out Waiver Program <small>COMPLETE SECTIONS D, E, F &amp; H</small>	<b>B. Change of:</b> <input type="checkbox"/> Spouse/Domestic Partner: <input type="checkbox"/> Add <input type="checkbox"/> Drop Effective Date: ___/___/___ <input type="checkbox"/> Dependent Child(ren): <input type="checkbox"/> Add <input type="checkbox"/> Drop Effective Date: ___/___/___ <input type="checkbox"/> Change of Name - Former Name: _____	<b>C. Transfer of Health Plan and/or Optional/Benefit Based on:</b> <input type="checkbox"/> Transfer Period <input type="checkbox"/> Move Into/Out of Health Plan Area Effective Date: ___/___/___ <input checked="" type="checkbox"/> Retiree Once-in-A-Lifetime Effective Date: <u>12/01/21</u>
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### D. EMPLOYEE/RETIREE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Social Security Number or Employee ID Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ Pension Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country (if outside the U.S.): \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex:  M  F Work - Telephone Number: ( ) - ( ) - Mobile/Home - Telephone Number: ( ) - E-mail Address: \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  Widowed  Domestic Partnership Date of Event (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ Agency in which employed or retired from: \_\_\_\_\_ Union or Welfare Fund: \_\_\_\_\_  
 Name of current City Health Plan: \_\_\_\_\_ Are you Medicare eligible:  Yes  No  
 If YES, please attach a copy of your Medicare card to this application. **ATTACH COPY OF CARD**

### E. SPOUSE/DOMESTIC PARTNER - ONLY COMPLETE IF YOUR SPOUSE/DOMESTIC PARTNER IS TO BE COVERED. IF NOT, LEAVE BLANK.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Sex:  M  F Is spouse/domestic partner:  Employed (Double City coverage is not permitted)  Retired (Double City coverage is not permitted)  Not Employed  
 City Agency Name: \_\_\_\_\_  Non-City Related  
 Does spouse/domestic partner have Non-City group health plan?  Yes  No Is your spouse/domestic partner Medicare eligible:  Yes  No  
 If YES, please attach a copy of his/her Medicare card to this application. **ATTACH COPY OF CARD**

### F. FAMILY INFORMATION (Attach a second form if necessary; dependent may not be covered under two NYC Health Plans.)

List all eligible dependent children. Indicate if you are adding or dropping coverage by checking the appropriate box below.  
(CUNY ADJUNCT EMPLOYEES: CITY RATES APPLY FOR INDIVIDUAL COVERAGE ONLY. CONTACT YOUR BENEFIT OFFICE FOR INFORMATION ABOUT ADDITIONAL COST FOR FAMILY COVERAGE.) \*Attach a copy of Medicare card if disabled dependent is Medicare eligible.

Dependent's Last Name:	Dependent's First Name:	Date of Birth:	Social Security Number:	Sex: M/F	ADD COVERAGE	DROP COVERAGE	PERMANENTLY DISABLED*
		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### G. HEALTH PLAN REQUESTED (Please print clearly)

FULL NAME OF HEALTH PLAN SELECTED: \_\_\_\_\_  
 Optional Benefits? (Check "Yes" or "No" for optional benefits rider. If no box is checked, it will be presumed that you do not want optional benefits.)  Yes  No

### H. EMPLOYEES ONLY (RETIREEES ARE INELIGIBLE FOR THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM)

I wish to participate in the Health Benefits Buy-Out Waiver Program. I have read the Medical Spending Conversion Health Benefits Buy-Out Waiver Program brochure and completed a Medical Spending Conversion Form and I attest that I meet the qualifications for this program. (Retirees, Line of Duty Survivors and CUNY Adjunct employees are not eligible.)  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### I. TO PARTICIPATE IN THE HEALTH BENEFITS PROGRAM OR REQUEST CHANGES TO HEALTH COVERAGE

I certify that the above information is correct and I authorize the City to deduct from my salary/pension the amount required, if any, through the City Health Benefits Program. I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source. Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office. (Section 125 does not apply to retirees.) If I have checked the Waive Benefits Box in Section A, I am choosing not to participate in the City Health Benefits Program at this time.  
 Employee/Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### J. FOR COMPLETION BY PAYROLL OR PERSONNEL OFFICE ONLY

I certify that the above employee/retiree is eligible for the New York City Health Benefits Program (HBP) and that dependent documentation has been verified in accordance with HBP procedures. I certify that the above employee is eligible for the Health Benefits Buy-Out Waiver Program and I have reviewed and processed the Medical Spending Conversion Buy-Out Spending Form and I attest that the employee meets the qualifications for this Program.

Agency Code:	Title Code No.:	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Permanent <input type="checkbox"/> Part-Time <input type="checkbox"/> Provisional	Appointment/Retirement Date: / /	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly	Effective Date of Coverage: / /
Retirement System (For Retiring Employees):	Years of Credited Service:	City Start Date: / /	Retirement Date: / /	Pension Number:	
Certifying Signature:	Date: / /	Telephone Number: ( ) -			

## ***Instructions for Completing a Health Benefits Application/Change Form***

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**Section A:** If you are a NEW retiree, you should only select from the following: Retirement, Disability Retirement, Accident Disability Retirement or Waive Benefits.

If you are already covered as a retiree, you should only select from the following: Drop/Add Optional Benefits, Waive Benefits (if you wish to cancel your City coverage) and Reinstatement (if you are requesting to reinstate your City coverage after having previously waived coverage).

**Section B:** Check Spouse/Domestic Partner Information (Add/Drop) if you are adding or dropping a spouse/domestic partner.

If your spouse/domestic partner is deceased, you must attach a copy of the death certificate. If you are dropping your spouse as a result of a divorce, you must attach a copy of the divorce decree.

If you are adding a spouse, domestic partner or dependent child(ren) please refer to the SPD or the Dependent Eligibility Required Documentation instructions on our Web site, at [nyc.gov/hbp](http://nyc.gov/hbp), for a list of all dependent eligibility documentation requirements for health benefits coverage for dependents.

Check Dependent Child(ren) Add or Drop if you are adding or dropping a dependent child.

If you are adding a dependent child, you must attach a copy of either the birth certificate, or documents proving guardianship or adoption.

If changing your name, please indicate your former name and provide documentation of name change.

**Section C:** Check Transfer Period if the change you are requesting (such as Adding Optional Benefits or Changing Plans) is being made during a Transfer Period.

Check Permanent Move Into/Out of Health Plan Area if you are requesting to change plans as a result of either moving out of the service area of your current plan, or if you are moving into the service area of another plan.

Check Retiree Once in a Lifetime if you are requesting to change plans or add optional benefits anytime other than a transfer period.

**Section D:** If you are enrolled in Medicare Parts A & B, you must attach a photocopy of your Medicare card.

**Section E:** If you are married or have a domestic partner, this section must be completed only if you are covering your spouse/domestic partner.

If your spouse/domestic partner is enrolled in health plan other than your City coverage or Medicare, you must indicate so.

If your spouse/domestic partner is enrolled in Medicare Parts A & B, you must attach a photocopy of his/her Medicare card.

**Section F:** List ALL eligible dependent children to be covered. If a dependent child is permanently disabled, and on Medicare, you must attach a photocopy of his/her Medicare card. (CUNY ADJUNCT EMPLOYEES: City rates apply for Individual coverage ONLY. Contact your Benefits Office for information about additional cost for Family coverage.)

**Section G:** Write the complete name of your current health plan or the plan you are selecting (see back of sheet). If you do not make an optional rider selection, you will be given basic coverage only.

**Section H:** This section is for employees only who wish to participate in the Buy-Out Waiver Program. Remember to date your form. **Retirees, Line of Duty Survivors and CUNY Adjunct employees are not eligible for the Buy-Out Waiver Program.**

**Section I:** Your signature is required in this section to enroll or effect the changes requested on this Application/Change Form.

**Section J:** If you are a NEW retiree (even if you are waiving City coverage), your payroll/personnel office must complete this section.

See top, right-hand corner of reverse side for instructions on submitting this Application/Change Form. Retain a copy for your records.

**Health Plans Available to  
Employees, Non-Medicare Retirees and their Dependents**

Aetna EPO  
Cigna HealthCare  
DC 37 Med-Team (DC 37 members only)  
Empire EPO  
Empire Gated EPO  
GHI-CBP/Empire BlueCross BlueShield  
GHI HMO  
HIP Prime HMO  
HIP Prime POS  
MetroPlus Gold  
Vytra Health Plans

RESTRICTIONS: Some health plans are only available in certain states and counties. Please check the Summary Program Description booklet at [www.nyc.gov/olr](http://www.nyc.gov/olr) or call the health plans directly.

**Health Plans Available to  
Medicare-Eligible Retirees and their Dependents**

Aetna Medicare PPO ESA Plan\*  
AvMed Medicare HMO\* (Florida only)  
Cigna HealthSpring Preferred with Rx (HMO)\* (Arizona only)  
DC 37 Med-Team Senior Plan (DC 37 Members Only)  
Elderplan\*  
Empire Medicare Related Coverage  
Empire MediBlue PPO\*  
GHI/Empire BlueCross BlueShield Senior Care  
GHI HMO Medicare Senior Supplement  
HIP VIP Premier (HMO) Medicare Plan\*  
Humana Gold Plus (certain counties in Florida)\*  
UnitedHealthcare Group Medicare Advantage Plan\*

RESTRICTIONS: Some health plans are only available in certain states and counties. Please check the Summary Program Description booklet at [www.nyc.gov/olr](http://www.nyc.gov/olr) or call the health plans directly.

\* Medicare eligible retirees who wish to enroll in these plans must enroll DIRECTLY with the health plan. Please verify with the health plan of your choice whether or not you reside in its service area. Do not use this form for enrollment in these plans.



# NYPD news

New York City Police Department

## NYPD's largest police union files lawsuit over COVID vax mandate

The Big Apple's largest police union filed a lawsuit Monday in a last-minute bid to overturn Mayor Bill de Blasio's COVID-19 vaccine mandate, which goes into effect for cops and all other city workers at the end of this week.

The Police Benevolent Association argues in the Staten Island Supreme Court lawsuit that the current "vax or test" policy is "sufficient enough" in curbing infections.

"The City has provided no explanation, much less a rational one, for the need to violate the autonomy and privacy of NYPD police officers in such a severe manner, on the threat of termination," the lawsuit said. "There is no evidence of any widespread COVID-19 infection or transmission by or among NYPD police officers since the 'vax or test' policy has been in place.

"To the contrary, all evidence establishes that the policy has proven effective, and it has struck the appropriate balance between encouraging vaccination and respecting the medical autonomy of the NYPD officers."

The NYPD's current "vax or test" policy requires unvaccinated cops to be tested weekly for COVID-19. Mayor Bill de Blasio's COVID-19 vaccine mandate goes into effect for cops and all other city workers at the end of this week.

All city workers — including cops — have until this Friday to get their first dose of the COVID vaccine, Hizzoner said last week.

Those who haven't had their first shot by Nov. 1 will be placed on unpaid leave until they show proof of vaccination.

The suit also blasts de Blasio's new mandate as "arbitrary and capricious" and argues that the unpaid leave penalty for not getting the jab is "severe."

In a letter to PBA members announcing the lawsuit, president Patrick Lynch said the union was also filing a request for a temporary restraining order to stop the city and NYPD from implementing the mandate while litigation is pending.

The Police Benevolent Association argues that the current "vax or test" policy is "sufficient enough" in curbing infections.

Lynch had vowed in August to take legal action against any vaccine mandate after teachers were ordered to get the shots. A spokesperson for the Law Department hit back, telling told The Post the mandate was lawful and was put in place to keep New Yorkers safe.

"Every effort to stop the city's vaccine mandates has failed in court, and we believe this suit by the PBA will meet the same fate," the spokesperson said.

"The city's vaccine mandates are lawful and keep New Yorkers safe. We'll review the case."

PBA president Patrick Lynch said the union was filing a request to stop the city and NYPD from implementing the vaccine mandate while litigation is pending.

At the time of de Blasio's announcement last week, the vaccination rate among the city's workforce stood at about 83 percent.

A source on Monday said the vaccination rate among the NYPD's 55,000 cops and civilian members is at 72 percent.

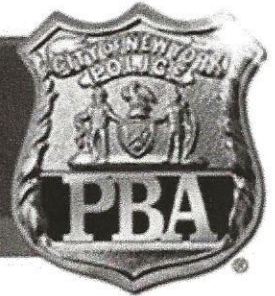
# LINE ORGANIZATIONS

POLICE BENEVOLENT ASSOCIATION OF THE CITY OF NEW YORK, INC.

## PBA UPDATE

www.nycpba.org

Patrick J. Lynch President



In response to The Civilian Complain Review Board has recommended charges against 26 more police officers — bringing the tally of cops who could lose vacation days, face suspension or be fired to 65, the agency announced Monday.

### PRESS RELEASE

October 18, 2021

#### PBA STATEMENT ON CCRB DISCIPLINE RECOMMENDATIONS

PBA President Patrick J. Lynch said:

“Once again, CCRB is carrying political water for Mayor de Blasio and others who are trying to wash away their own failures during last summer’s protests. Police officers were sent out with no plan, no strategy and no support, into a dangerous environment created by politicians’ irresponsible rhetoric. As a result, dozens of cops were injured, and now dozens more are being made into scapegoats. It’s time for the NYPD to stop allowing CCRB to use its disciplinary process as a political tool.”

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### PRESS RELEASE

October 27, 2021

#### JUDGE DENIES TEMPORARY RESTRAINING ORDER IN PBA’S VACCINE MANDATE LAWSUIT

A state Supreme Court judge has denied the NYC PBA’s request for a temporary restraining order to halt the implementation of Mayor de Blasio’s vaccine mandate for police officers while the PBA’s lawsuit moves forward.

**PBA President Patrick J. Lynch:** “Today’s ruling sets the city up for a real crisis. The haphazard rollout of this mandate has created chaos in the NYPD. City Hall has given no reason that a vaccine mandate with a weekly testing option is no longer enough to protect police officers and the public, especially while the number of COVID-19 cases continues to fall. Instead, police officers are being told to make a possibly life-changing decision in a matter of days to meet a completely arbitrary deadline, while the NYPD’s leadership spins its wheels and offers no guidance. This not only violates police officers’ rights — it will inevitably result in fewer cops available to protect our city. The PBA will continue to fight the fight and will immediately appeal this ruling, but New Yorkers should know who to blame for any shortfall in city services: Mayor Bill de Blasio, Police Commissioner Shea and the other bureaucrats who are putting politics before public health and public safety.”

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### RESS RELEASE

October 28, 2021

#### **10,000 cops set to be pulled from streets**

With less than 48 hours left until Mayor de Blasio’s arbitrary vaccination deadline for city workers — and following a state judge’s refusal to pause the deadline despite the mandate’s chaotic rollout — police union leaders are warning New Yorkers that the NYPD brass is completely unprepared for the staffing shortage that will result from the mandate’s haphazard implementation.

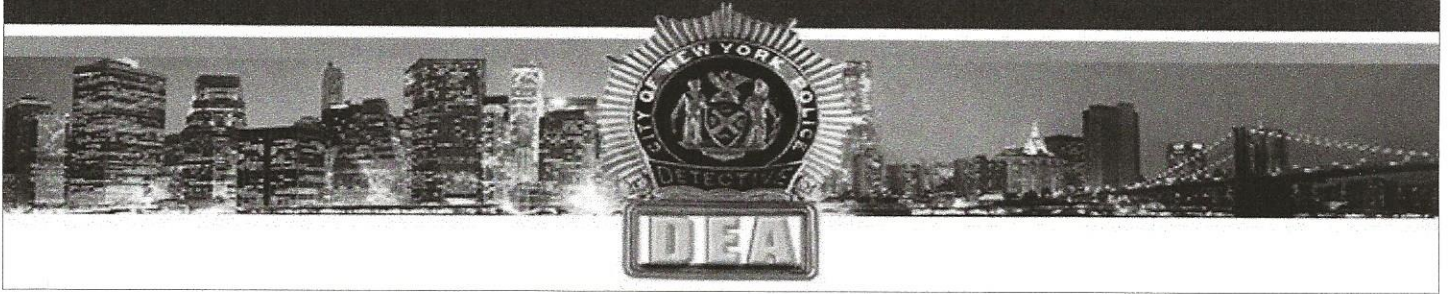
As of Thursday morning, there were approximately 10,000 unvaccinated, uniformed NYPD members — **which equals the staffing of dozens of patrol precincts** — who will be barred from reporting for duty on Monday, Nov. 1, unless they have applied for a religious or medical exemption.

The NYPD has yet to announce any detailed plans to address the possible staffing shortage, and it still hasn’t published its own policies to implement the mandate. In a [video message to NYPD members](#) yesterday, Police Commissioner Dermot Shea admitted that many practical questions remain unanswered, even though it has been more than a week since Mayor de Blasio announced the mandate and more than a month since Commissioner Shea publicly threw his support behind the mandate.

“I can’t tell you what rules don’t exist yet,” **Shea told members two days before the deadline**, “so I don’t want to give you bad information.”

**PBA President Patrick J. Lynch:** “New York City cannot afford to have a police department that is weak, disorganized and totally dominated by the irrational whims of City Hall. Unfortunately, that’s what the NYPD has become. Commissioner Shea and his team should have told the Mayor that this mandate and his arbitrary Friday deadline were going to throw NYPD operations into chaos. Instead, they froze like deer in headlights. Now cops and New Yorkers are all wondering: what exactly will happen with the vaccine deadline strikes?”

# LINE ORGANIZATIONS



## The DEA Now Has Its Own App

If you have an Apple iPhone iOS, go to your Apple App store and search DEA NYPD to download.

If you have an Android phone, go to your Google store and search DEA NYPD to download.

To gain access to the App, you need to enter your DEA website login information, including email address and password.

If you've never logged onto the DEA website at [www.nycdetectives.org](http://www.nycdetectives.org) before, you have to do so and create your own login. Everything that is listed on the DEA website is listed on our DEA App, designed for easy viewing on a smaller screen. If you have any problems logging in, go to the DEA website and choose "General Login Support" on the drop-down menu under Website Support.

Don't miss this specially designed application created so that our members can always access DEA information any time of day or night

## A Message From the President About Our New Cigna Healthcare Dental Program

August 5, 2021

Dear DEA Member:

On behalf of the DEA Board of Officers, I am pleased to announce the rollout of our new **Cigna Healthcare** comprehensive and enhanced **dental program** for all active and retired DEA members and their families.

This new, streamlined program will be effective **September 1, 2021**.

Our new Cigna Program will offer better services, more participating dentists, and more covered procedures with higher reimbursements. Our new program will include a 24-hour, seven days per week Cigna customer service team working year-round with a special 800-toll-free telephone number and a special website exclusively for DEA members and their families.

During the week of **August 10th**, Cigna and the DEA will be sending you a package of important materials in the mail that will outline all the particulars of the program and its services.

During the week of **August 17th**, your new identification card(s) will be mailed to you.

We know that law enforcement today is facing its most difficult time. Therefore, the DEA has been working hard to deliver the best possible benefits for our members, and we believe you will find this carefully designed Cigna program to deliver a far superior dental plan than our members have ever experienced before!

And moving forward, we will be working hard to make other enhancements to our programs to bring you the best possible benefits that we can.

It is truly our privilege and honor to serve the Detectives of the New York City PD, truly the Greatest Detectives *in the World*.

Paul DiGiacomo  
President

## **From the SBA RE: Medicare lawsuit**

For those members on Medicare or approaching Medicare eligibility, the SBA has been aggressively seeking answers to many questions and concerns regarding the NYC Medicare Advantage Plus Plan. Please read the following important update:

Hon Lyle E. Frank, the Justice overseeing the Medicare Advantage Litigation, returned with a "Decision + Order on Motion" concerning the multiple complaints filed in response to implementation of the new NYC Medicare Advantage Plus Plan.

The case combined multiple complaints, against the NYC Office of Labor Relations (OLR), launched by Aetna, United Healthcare and the NYC Organization of Public Service Retirees, an independent retiree group created to represent the interests and rights of retirees.

It has been determined by the courts that the Aetna and United Healthcare complaints against the Medicare Advantage Request for Proposal (RFP) processes and results were unfounded. The RFP does not have to be redone or the results re-evaluated.

That said in a show of support and concern the court determined, in their decision, that the NYC Organization of Public Service Retirees complaint against the Medicare Advantage Plus Plan implementation was founded and the adverse impact it has on current retirees was upheld. Implementation of the plan and the "opt out deadline" October 31, 2021 has therefore been suspended pending court review of the plan, court evaluation of the capability and readiness of the new provider, The Alliance, and a review that the new plan operates to the benefit of NYC retirees.

The Sergeants Benevolent Association (SBA) voted against the NYC Medicare Advantage Plus Plan and thankfully our concerns have been confirmed by the courts and acted on therein. This plan, as it exists today, impacts negatively on our retiree population on multiple fronts and its delay allows for us and advocates like the NYC Organization of Public Service Retirees to address those areas that create the greatest disruptions.

The unreasonable rushing of plan implementation was so flawed that even the Municipal Labor Committee (MLC), the labor group directly responsible for imposing this Medicare Advantage Plan on our members, now recognizes the critical failings that were detrimental to plan participants health and safety.

### **October 21, 2021 Municipal Labor Committee Re: MA Litigation Update Communication**

"The Court seems particularly concerned with the Alliance acknowledging that it is still in the process of discussing with doctors their participation (even though they assured us it was required by contract). "

"The Judge directed the City (and presumably the Alliance) to submit a plan for his review so that the Court is satisfied that retirees can make an informed decision. We were already in discussions with the City and the Alliance about pushing out the Oct. 31 date given comments made by the Judge during argument and that will now be required."

It is important affected members recognize this is a postponement and not a termination of the Medicare Advantage Plus Plan implementation. Members are encouraged to use this time to carefully review the impact of this change on themselves and their families. The SBA will continue to advocate for our members and is always available to answer member questions or address concerns.

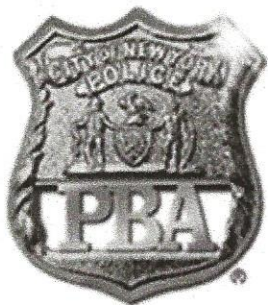
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**PBA President Patrick J. Lynch:** "Today's ruling sets the city up for a real crisis. The haphazard rollout of this mandate has created chaos in the NYPD. City Hall has given no reason that a vaccine mandate with a weekly testing option is no longer enough to protect police officers and the public, especially while the number of COVID-19 cases continues to fall. Instead, police officers are being told to make a possibly life-changing decision in a matter of days to meet a completely arbitrary deadline, while the NYPD's leadership spins its wheels and offers no guidance. This not only violates police officers' rights — it will inevitably result in fewer cops available to protect our city. The PBA will continue to fight the fight and will immediately appeal this ruling, but New Yorkers should know who to blame for any shortfall in city services: Mayor Bill de Blasio, Police Commissioner Shea and the other bureaucrats who are putting politics before public health and public safety."



# LINE ORGANIZATIONS



## POLICE UNIONS: NYPD HAS NO PLAN FOR VAX MANDATE CHAOS *10,000 COPS SET TO BE PULLED FROM STREETS*

With less than 48 hours left until Mayor de Blasio's arbitrary vaccination deadline for city workers – and following a state judge's refusal to pause the deadline despite the mandate's chaotic rollout – police union leaders are warning New Yorkers that the NYPD brass is completely unprepared for the staffing shortage that will result from the mandate's haphazard implementation.

As of Thursday morning, there were approximately 10,000 unvaccinated, uniformed NYPD members – **which equals the staffing of dozens of patrol precincts** – who will be barred from reporting for duty on Monday, Nov. 1, unless they have applied for a religious or medical exemption.

The NYPD has yet to announce any detailed plans to address the possible staffing shortage, and it still hasn't published its own policies to implement the mandate. In [a video message to NYPD members](#) yesterday, Police Commissioner Dermot Shea admitted that many practical questions remain unanswered, even though it has been more than a week since Mayor de Blasio announced the mandate and more than a month since Commissioner Shea publicly threw his support behind the mandate.

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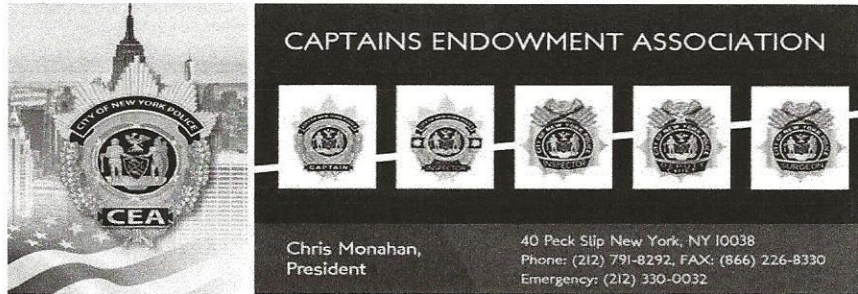
**Detectives' Endowment Association President Paul DiGiacomo said:** "While New York City is in the middle of a crime crisis, Mayor de Blasio wants to sideline hundreds of Detectives just to play politics. Our Detectives already worked selflessly through 2020, during the height of the pandemic when there was no vaccine. Now the Mayor shows his thanks by wanting to sideline thousands of cops when we know the testing program was working. Our members are needed to investigate the most heinous of crimes. City Hall will once again turn its back on crime victims as investigations will ultimately be stalled and violent offenders will go free. There is no need for this. The COVID testing program was working. The Mayor's vaccine mandate is needless, self-serving and politically motivated."

**Sergeants Benevolent Association President Vincent Vallelong said:** "New Yorkers need to wake up. Mayor de Blasio's mandate is 'Defund the Police' in disguise. Criminals know this, and they will take full advantage of the situation to create chaos on our streets."

**Lieutenants Benevolent Association President Lou Turco said:** "Our members feel like City Hall is intentionally keeping them in the dark. The vaccine-or-test policy has been working, and we've been given no explanation as to why it was scrapped. Nor are there any clear guidelines on what exactly happens to members who are placed on unpaid leave. Many members believe Mayor de Blasio is creating chaos on purpose to coerce them into getting the shot."

**Captains Endowment Association President Chris Monahan said:** "This situation is a failure of leadership. Our members don't have the information they need to keep their commands running after the deadline hits. When we ask top NYPD executives for that information, they point the finger at the de Blasio administration. The NYPD needs to be run out of 1PP, not City Hall."

# LINE ORGANIZATIONS



## MEDICARE ADVANTAGE PLAN UPDATE 10/22/21

- On Thursday October 21, 2021, a New York State Supreme Court judge placed a stay on the rollout of the cities new Medicare Advantage Plus Plan. Ordering the city to "maintain the retirees current health care plans".
- Judge Lyle Frank called the **rollout** of the plan "irrational"
- This stay order **upholds the existing contract** between the Alliance and the city of New York to implement the new Medicare Advantage plan at a future date.
- The injunction delays the rollout of the plan in an effort to provide more public information surrounding the plan, specifically which health care providers will accept the new plan.
- Judge Frank ordered the city to submit a plan for "curing the deficiencies".
- No timeline has been given as to when the rollout will continue.
- Retirees should await an official announcement from the city or the Alliance as to a change in an opt-out date.

### Vaccines

As you are aware the Mayor has announced mandatory vaccines for all New York City employees. The CEA believes each member has a right to an individual choice to receive one or not. The CEA has believed that the manner this mandate was announced and the limited time frame to make an individual decision was deplorable. We have filed an improper practice to address these issues. During the past week we have had many conversations with the department and the City in an attempt to delay or change this policy since we exhausted all legal avenues.

If you choose to retire and do not want to be placed on unpaid leave **YOU MUST** file with pension today.

If you are awaiting a medical or religious exemption, out sick or on approved leave and plan on retiring you **DO NOT** have to file for retirement today. You can file for retirement when the request is denied or when your leave ends.

If any CEA member decides not to be vaccinated and the City puts you on unpaid leave the CEA is planning to exercise our collective bargaining right to negotiate the terms with the City. In addition, unpaid leave status does not prevent a member from retiring while on leave.

### Uniform Check

I am happy to inform you that as the result of prolonged negotiations with the City of New York, the Captains Endowment Association has secured a mechanism to now make the annual Uniform Allowance tax free. Based on current tax law and in agreement with the City of New York, all members qualify to have their annual dues payments or other qualifying expenses to offset the taxes associated with the Uniform Allowance. All union members will now be entitled to the entirety of the \$980 Uniform Allowance "Tax Free". This check will now be issued/processed by the CEA, not the City of New York.

A follow up email with instructions of how to access and prepare the Uniform Allowance Form will be sent out to all members on Wednesday, November 3<sup>rd</sup>.

Fraternally,

**CHRIS**

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The next CEA meeting will be held on Wednesday November 3, 2021,  
1000 hrs. at: Villa Barone Manor  
737 Throgs Neck Expressway  
Bronx, NY 10465

# ALLIANCE OF PUBLIC RETIREE ORGANIZATIONS OF NEW YORK

## RPA LEGISLATIVE CORNER REPORT:

*August / September 2021 Report*

### LEGISLATIVE REPORT:

**2021-2022 Alliance Legislative Bill Agenda:** Note...You can use the new bill numbers and the other expired bill numbers for reference to research the print version of each bill on-line.

Numerous time and efforts have been expended calling all these Legislators, their Chiefs of Staff and Legislative Aides requesting action on our bills and every one of them give us the same, standard reply...we are working on it or we will re-submit the bill for you. The 2021-2022 Legislative Session is turning out to be the most dysfunctional, non-productive, complete disregard for all New York State Retirees that I have ever seen. Most of the re-submitted bills have not made it past the first committee and only a small number of Legislators have signed onto our bills as Co-Sponsors, which is pathetic at best and a egregious disregard for all of their constituents, especially New York State Retirees. RETIREES...CALL TO ACTION NEEDED...Please call your Senator and Assemblyman, at their District Offices and request them to sign on to our bills as Co-Sponsors and/or resubmit our bills. The more phone calls made by retirees, gets the attention of the Legislators and hopefully gets them to take much needed action on our behalf. This has to be a "TEAM EFFORT" by retirees voicing their displeasure personally, emotionally and emphatically that retirees deserve and need these bills passed and signed into law, to preserve and protect retirees hard earned benefits and maintain a "quality of retirement life " that all retirees worked so hard for as career New York State employees and are entitled to period. Legislators work for us !

#### **This is our " FORGOTTEN VETERAN'S BILL "**

**NEW Bill # S-5110A-2021 / Veterans Supplementation Bill / Senator Brooks**  
In Civil Service and Pensions Committee / Only 1 Co-Sponsor

**NEW Bill # A-6468-2021 / Veterans Supplementation Bill / Assemblywoman Barrett**  
In Governmental Employees Committee / Only 3 Co-Sponsors

**NEW Bill # S-5030-2021 / Health Protection Bill / Senator Lanza**  
In Civil Service and Pensions Committee / Only 1 Co-Sponsor

**A-4203-2019 / Health Protection Bill / Assemblyman Weprin**  
Requested to be re-submitted made to the Assemblyman, who appears to be more interested in running for his election to New York City Comptroller and I would hypothesize that our bill might be counter intuitive to his campaign, although he has advised us that he would re-submit this bill for us numerous times ! Telephone calls to his office go to voice mail only.

**NEW BILL # S-5184-2021 / Health Protection Bill for Police Officers and Firefighters / Senator Sanders**  
In Civil Service and Pensions Committee / Only 3 Co-Sponsors

**NEW BILL # A-05108 / Health Protection Bill for Police Officers and Firefighters / Assemblyman Abatte**  
**PASSED NYS ASSEMBLY AWAITING NYS SENATE ACTION !**

**NEW Bill # S-5631B-2021 / COLA Bill (Increase surviving spouse 50% to 100%) / Senator Gounardes**  
In Civil Service and Pensions Committee / Not one Co-sponsor

**NEW BILL # S-6651-2021 / COLA Bill (Provide COLA - age 55 retired 5 yrs) / Senator Gounardes**  
In Civil Service and Pensions Committee / Not one Co-Sponsor

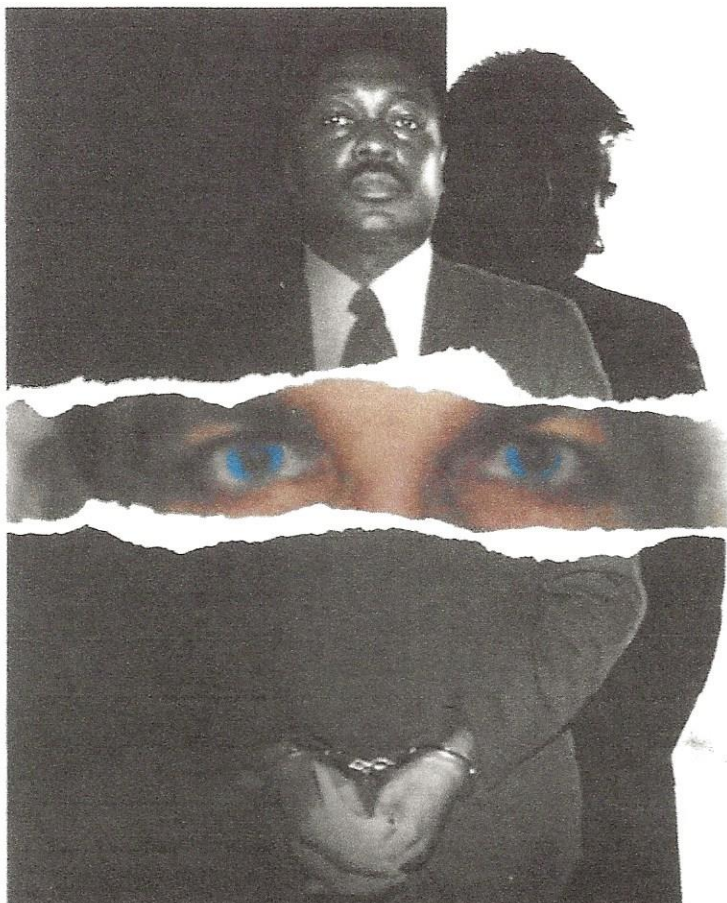
**NEW BILL # S6060-2021 / COLA Bill (5 year additional look back) / Senator Gounardes**  
In Civil Service and Pensions Committee / Not one Co-Sponsor

**NEW BILL # S6030-2021 / COLA Bill (Increase from 3% to 5% of CPI) / Senator Gounardes**  
In Civil Service and Pensions Committee / Not one Co-Sponsor

From: [det717@aol.com](mailto:det717@aol.com)  
To: [det717@aol.com](mailto:det717@aol.com)  
Sent: 5/1/2021 12:04:33 PM Eastern Standard Time  
Subject: From Mike Borrelli

**My great friend,  
I have not heard from you in a while and was hoping that you have seen my documentary. If you have let me know what you think. For the past four months The Broward 10-13 Club has given me a full page. See attachment, I love my club. I would be very honored if you can also let your members know.  
Your historian  
Mike Borrelli**

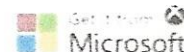
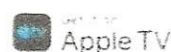
**This exciting story is about our own Mike Borrelli and his partner Bob Davis. What happened to them and why they were sent to prison. This mini-series is a MUST SEE !!**



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maddogshotdogs1@aol.com

**Manasota 10-13 Club**

Organization of Retired NYPD Officers all ranks  
www.10-13Manasota.com

**Anthony "Tony" Marone**

President  
tjmarone@verizon.net

3872 Mira Lago Drive  
Sarasota, Fl 34238

941-706-6324




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