



Manasota 10-13 News

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

DECEMBER ISSUE 2021

PRESIDENT

Anthony "Tony"
Marone
941-706-6324 Cell
tjmarone@verizon.net

VICE PRESIDENT

Lee Reeves
941-232-2745
lvod1013@aol.com

TREASURER

Joe Timmons
212-991-8314 Cell
Sijce22@yahoo.com

SECRETARY

Reenie Ram
347-722-0288 Cell
Priddenblue@aol.com

**Sgt-At- Arms/
Quartermaster**

Tim Van Schultze
941-232-9823 Cell
Tvs1461@aol.com

Health - Welfare Officer

Len Salerno
646-302-1849 Cell
Lsal11@aol.com

IMMEDIATE PAST PRESIDENT

Richard Adler
941-258-4481 Cell
Rha53@hotmail.com

CLUB HISTORIAN

Victor Rohe
941-302-3626 Cell
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 Adler

*Deceased

TUESDAY, DECEMBER 21ST 2021, 6 PM

FOP LODGE #3, SARASOTA



PRESIDENT'S MESSAGE

GREETINGS MANASOTA 10-13 CLUB MEMBERS

On behalf of the Manasota 10-13 Board of Directors and myself, we wish you & your family a very Happy Hanukkah, Merry Christmas & Happy New Year. As is our custom, we will be enjoying a Christmas ham catered dinner for only \$10.00 pp at the December meeting, 12/21/2021, spouses invited. Dinner served 6 PM, meeting starts at 7:30 PM, following the 7 PM FOP meeting. **Please let me know you are attending**, 941-706-6324 or tjmarone@verizon.net.

There have been a lot of confusion 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. This has led to NYS Court challenges. At this time there is an injunction in place stopping the "City" from placing this in effect on 1/01/22, the original projected start date. We are awaiting the Judge's review and decision. The new Mayor Elect Adams will have input now that the change in Medicare plans will take place under his auspices. The Club's Health & Welfare Officer Len Salerno & assistant Madeline Salerno will have the details.

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.



MANASOTA 10-13 CLUB MINUTES NOVEMBER 16TH, 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 7:10pm.

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: Tim Van Schultz

28 additional members were in attendance.

Pledge and prayer were led by Lee Reeves.

III. APPROVAL OF THE MINUTES FROM LAST MEETING:

Len Salerno made a motion to waive the reading of the minutes from the last meeting and was 2nd by Jim Smith, approved.

GUEST SPEAKERS:

No guest speakers at this meeting.

IV. COMMITEE REPORTS:

PRESIDENT'S REPORT:

NEXT GENERAL MEETING IS DECEMBER 21TH, 2021, FOOD SERVED AT 6PM, GAVEL AT 7PM.

Those of you are in the Sarasota County who need to qualify for the HR-218 have to sign up online for the Sheriff's range. Website is www.SarsotaSheriff.org for December 11th, 2021 for 6 sessions ranging from 8am to 10:30am.

There is an Event called Laughter in the Meadows on Friday November 26th, 2021 and Saturday November 27th, 2021. At the Meadows Country Club and was sent to me by a member Alan whose wife is very active in these shows and some folks have shown interest in it.

Last year we chose Tunnel to Towers charitable donations and I'm putting forms out on the tables for those who may be interested in donating for \$11.00 a month. It was posted in our newsletter as well. If we do our usual donation of \$1,013 and make it a \$1200 donation, they have a program where it triples the donation value to \$3,600. We are going to pass the hat around and if we can get \$187 dollars more so we can make that donation amount. After the hat was passed around we collected a total of \$310 which made the amount for the donation to have it tripled. Thanks to everyone for their generosity.

There was an October 19th, 2021 meeting in Albany by the Alliance of Public Retirees Organizations of New York that submit many bills that may or may not pass. The 2022 legislative session for the COLA Bill improvement that the survivor spouse will increase by 50% to 100% raise, five years, in addition COLA at age 55 and retired for 5 years, increase from 3% to 5% of the CPI (Consumer Price Index).

I would like to hold a Board meeting at a later date, as the club is growing and we are in need of a Sarasota Trustee and a Manatee Trustee to help organize the Club with outings, picnic, Sarasota Bay Boat Cruise, or any other events, we are looking for help. Need a volunteer or two as we cover four Counties and need someone who could help clean up, set up meetings and answer general questions about the Club.

HEALTH & WELFARE OFFICER'S REPORT:

Lenny and Madeline Salerno have been working on this Medicare issues with the City. They can bring you up to date with this grassroots organization that didn't exist until August 13th of 2021 due to the deadline for the Medicare enrollment and opting out options for those in GHI/Emblem Health Senior Care, Aetna and other health care options that you were receiving from the City before they came up with the Medicare Alliance everyone would have be thrown into without a choice. The website for New York City Organization of Public Service Retirees, Inc. is www.NYCRetirees.org and you can find out the latest updates for this lawsuit and the options you may have to do depending on your current health care benefits situation. You can also get this information from their Facebook page as well NYC Organization of Public Service Retirees (Benefit Preservation), they can answer your questions as well on both sites.

They are also looking for donations for the lawsuit expenses as well and these two places will show you how to make a donation to the PayPal fund. They have raised approximately \$180k towards their \$250k goal at this time for their attorney Steve Cohen. This organization representing a large number of Retirees, not only NYPD, has singlehandedly got an injunction against the City for the October 31st, 2021 deadline for opting out. They also have filed an Article 78 against the City and MLC (municipal labor committee) for the change in health benefits as well in this matter. The judge rendered its decision, ordered the City to come up with a new revised plan for the implementation because the City did a terrible job with the roll out. There were many retirees that are on Medicare that don't even know that their benefits are changing. Our lawyer has submitted a rebuttal on this and we are now waiting to see what the judge will do, either lift the injunction, keep the injection in place indefinitely, or order a hearing. You can see the lawsuit filings on the website and Facebook page too. Please get the message out to all retirees that you know that may be affected by this, and this may affect others you know from other unions or trades from being employed by the City. You can call the Alliance number # 833-325-1190 and get a reference number when you speak with them about your coverage. We are finding out that many retirees don't know about receiving reimbursement of your Medicare Part B and if you haven't received this then let us know and we can show you how to file for it. Social Security is getting an increase of 5.9% in January 2022 and the Medicare Part B premium will be increased to 14.5%, so that is from \$148.50 to \$170.10 premium amounts. Deductible will also increase from \$203 a month to \$233 a month.

Davis Vision services for the PBA in Sarasota can use Dr. Susan Beck here in Sarasota on Bee Ridge Road is very good. Each union has their own vision benefit plan, but if you're interested in these locations, a list of participation vendors will be published in future Newsletters.

TREASURER'S REPORT:

Joe Timmons reports that our bank account has \$5,883.10 and \$234.00 in petty cash, 1st motion Steve Wall and 2nd by Henrietta Lange, motion approved.

The Board made a motion at meeting to donate \$250 to the GoFundMe page to Sheriff Hoffman for the Afghan Interpreter Family Relocation Initiative for Deputy Mubarak's family from Afghanistan. Thanks to all those who donated and we made the donation to the GoFundMe page of the \$250.

V OLD BUSINESS:

- A. Membership applications are in the newsletter and on the website www.10-13Manasota.com , 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 have the benefit of receiving them renewed through the mail. As of now COVID-19 has caused delays.
- E. To place a business card AD in the Manasota 10-13 Newsletter for the calendar year 2022, please make a check out for \$35.00 to the Manasota 10-13 Club, mail actual business card and check before 1/01/22 to Joe Timmons at 315 Chantilly Trail, Bradenton, FL, 34212.
*****PLEASE PATRONIZE OUR SPONSORS*****
- F. Need to update any changes to your personal information with Joe Timmons 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 our Treasurer.

VI NEW BUSINESS:

- G. 10-13 Scholarship Raffle, \$10.00 per ticket for a Smith & Wesson M & P 9 Shield Plus Handgun (retailed value \$550.00) including a 10 and 13 round mags. The drawing will be held at the National 10-13 Presidents Meeting on February, 12, 2022. These ticket will be sold at each meeting and a winner pulled at each of the quarterly President's meetings. LET'S GET ALL THESE TICKETS SOLD for this quarter. There are only 11 tickets remaining out of 30. THANKS TO ALL WHO HAVE PARTICIPATED SO FAR AND GOOD LUCK!
- H. The newly designed Manasota 10-13 Club's website has been established so please check it out at www.10-13Manasota.com
- I. Our Club is in need of a volunteer as a Newsletter Editor-in-Chief. Please let our President Tony Marone know if anyone is interested. He will help with the set up and procedure.

VII SICK AND DISTRESSED:

Please continue your prayers for all of our recovering members to good health.

VIII GOOD OF THE ORDER:

- J. 50/50 raffle was conducted, 1st prize of \$35.00 to Lou Bavaro and gave back \$25.00 to the club, 2nd prize of \$30.00 to Mike Santali, and 3rd prize of \$20.00 to Jim Smith.
- K. Thanks to Tony Marone, Joe Timmons, Lee Reeves and Reenie Ram for volunteering to clean and sanitize the FOP building for our meetings to keep us all safe and healthy.
- L. Thanks for the Thanksgiving Dinner that was purchased at the Der Dutchman for the 10-13 meeting tonight with turkey, vegetables, stuffing, and gravy. We also had a cake and cookie for the retirement of SSO Court Deputy Lou Bavaro. Best wishes on his retirement and new endeavors in the future.
- M. Lou Bavaro has stated that the Sarasota Sheriff is hiring and also the Sarasota Fire Department for those who are interested. See the website for the Sheriff in Sarasota County for more information.
- N. We have a new member at this meeting, Jerry Esposito so welcome to the Manasota 10-13 Club. We have set a new record of 140 Members for 2021. Thanks to all who's recruitment made this possible.

IX ADJOURNMENT:

- O. Motion for adjournment 1st by John Stewart and 2nd by Rich Adler, meeting adjourned at 8:45pm.



HAPPY HANUKKAH, MERRY CHRISTMAS & HAPPY NEW YEAR.

MANASOTA 10-13 CLUB AGENDA FOR DECEMBER 21, 2021 CHRISTMAS MEETING

Combined meeting with FOP Lodge #3 membership.

Christmas Ham Dinner served 6 PM, gavel 7:30 PM following FOP Meeting, \$10.00 PP.

- Prayer/moment of silence
- Pledge to the flag
- Call to order
- Determination of Quorum
- Reading/Approval of last meeting's minutes. (emailed in Newsletter 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 – Update on Medicare coverage.
 - Secretary's Report – Sale of \$10.00 Scholarship raffle tickets, drawing 2/12/22.
 - Sgt-at-Arms/Quartermaster's Report – List of 10-13 items for Club sale.

- **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**
 - PBA's notarized "Proof of Life" Affidavit to be mailed in by 12/31/21 or pension payments stopped.
 - Latest Medicare Change and related information. The 10/31/21 filing deadline has been cancelled by the Court. Awaiting the Court's decision and new City Mayor's input.

- 10-13 CLUB SCHOLARSHIP RAFFLE, \$10.00 PER TICKET – HANDGUN. Drawing held at next President's Quarterly meeting date in February, 12, 2022 & will continue on a quarterly basis throughout 2022. See Secretary Reenie for raffle tickets, only \$10.00.
 - The Newly designed Manasota 10-13 Club's Website has been established, check it out, www.10-13Manasota.com. Club pictures will be added under new photo section.
 - 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 good health to all 10-13 members and their families.
 - Always keep our active NYPD personnel safe.
 - Adjournment
 - Motion to adjoin and seconded at ____ pm needed to close Meeting.





MANASOTA 10-13 CLUB MEETING DATES 2022

TUESDAY, 1/11/2022, FOOD 6 PM, GAVEL 7 PM, PIZZA PARTY

TUESDAY, 2/08/2022, FOOD 6 PM, GAVEL 7 PM, HOT DOGS & BEANS.

➤ WED., 3/09/22, FOOD 6 PM, GAVEL 7 PM, ROAST BEEF & SIDES.

TUESDAY, 4/12/2022, FOOD 6 PM, GAVEL 7 PM, SAUSAGES & SIDES.

TUESDAY, 5/10/2022, FOOD 6 PM, GAVEL 7 PM, PIZZA PARTY.

TUESDAY, 6/14/2022, FOOD 6 PM, GAVEL 7 PM, HOT DOGS & BEANS.

NO MEETING HELD IN JULY.

NO MEETING HELD IN AUGUST.

TUESDAY, 9/13/2022, FOOD, 6 PM, GAVEL 7 PM, BRATS & SIDES.

➤ WED, 10/12/22, FOOD 6 PM, GAVEL 7 PM, SPAGHETTI/MEAT BALLS.

TUESDAY, 11/15/22, FOOD 6 PM, GAVEL 7 PM, TURKEY/TRIMMINGS \$10.PP

TUESDAY, 12/20/22, FOOD 6 PM, GAVEL 7 PM, HAM & TRIMMINGS \$10.PP

* DATES ARE TENTATIVE AND FOOD SELECTION MAY VARY.

NOTE: WEDNESDAY DATES FOR THOSE WHO CANNOT ATTEND TUESDAY

BIRTHDAYS & ANNIVERSARIES



MEMBERS

11/02ND SYLVERSTER BONARTI

11/02ND ERIC LASCHKE

11/03RD WADE BRATHWAITE

11/07TH ROBERT WEITZMAN

11/09TH JOSEPH EPPOLITO

11/10TH ED BRYMER

11/10TH WILLIAM GIGANTE

11/16TH GILBERT VARGAS

11/17TH DONALD GESSNER

11/28TH DENIS KEANE

12/03RD ROBERT HIGGINS

12/09TH RONALD SINGLETON

12/11TH GERALD VAN RIPER

12/16TH JOHN PIZZANO

12/17TH SHARON BROOKS

12/17TH GERALD REX

12/07TH ALLEN SMITH

12/23RD JOE TIMMONS

12/31ST LOUIS LaGOIS

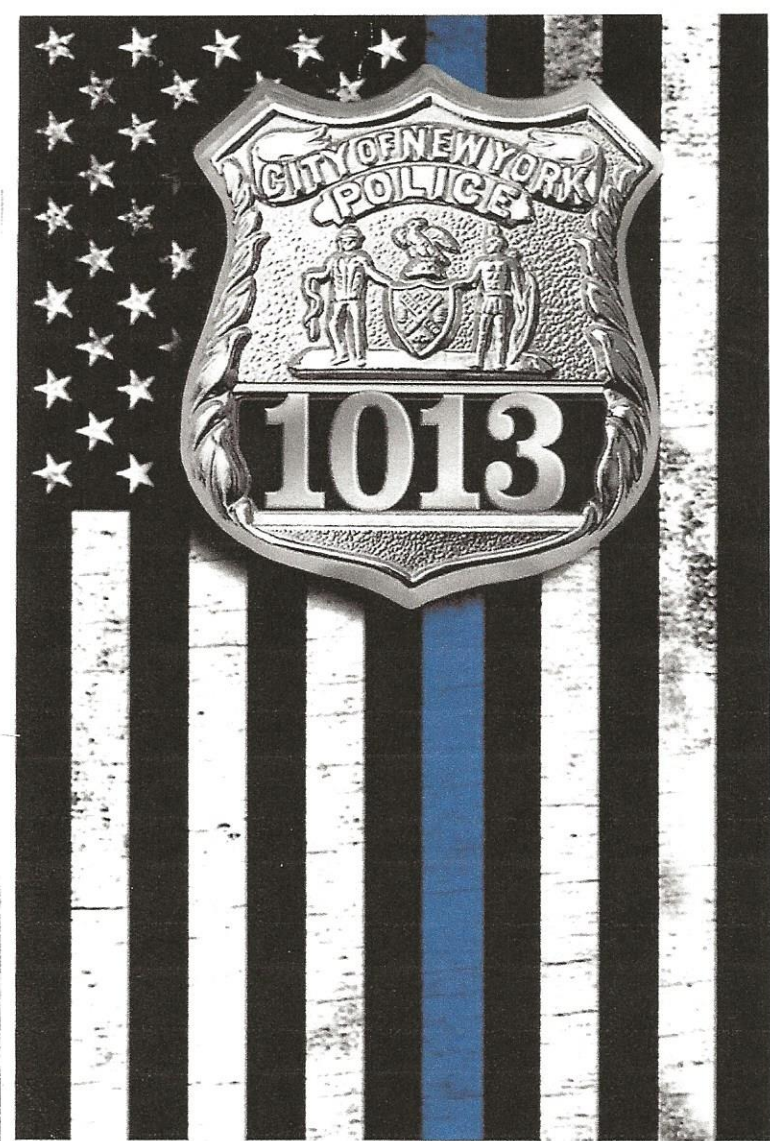
SPOUSE

11/02ND MAURA McCANN

11/02ND KATHLEEN VARSKA
11/03RD WADE BRATHWAITE
11/05TH LINDA DUQUETTE
11/06TH JEAN DeMANGE
11/11TH NATILIA RIVERA
11/11TH CONNIE WEITZMAN
11/26TH MIA CONNORS
11/26TH ELIEEN FERITO
11/29TH JUDITH PLANTY
11/30TH ROSEMARIE MARTIN
12/03RD DENISE KEGAL
12/03RD ANDIE LATHER
12/04TH MADELINE SALERNO
12/06TH DIANE VINCITORE
12/19TH JULIA McMAHON
12/20TH JENNIFER ESPOSITO
12/27TH ARLENE SMITH

ANNIVERSARIES

11/03RD JOHN & EILEEN FERITO
11/14TH MIKE & KERRY MAZZELLA
11/16TH TIM & CHEMAINE LIFFEY
11/17TH DAVID & VALERIE SEGAL
11/23RD MIKE & DIANE VINCITORE
11/25TH WOODY & CHRISTINE SCHUESSLER



11/25TH ROBERT & CONNIE WEITZMAN

11/29TH JOE & CONNIE TIMMONS

12/06TH JERRY & JENNIFER ESPOSITO

12/10TH FRANK & DENISE KEGEL

12/13TH JOSEPH & DONNA CALIQURI

12/19TH RICHARD & ROSE SCANTLEBURY



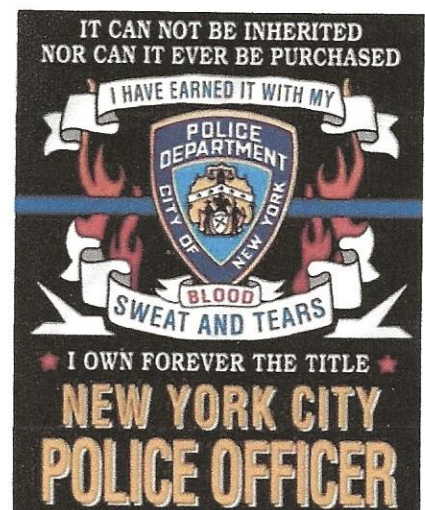
BOOSTER DONATIONS - 2021

WILLIAM GIGANTI - \$100.00

WALLY TRAVIS - \$60.00

ANDY KING - \$50.00

ARNIE RING - \$25.00



Members, please call to make an appointment AND to confirm that the Eye Doctor is participating in the Davis Vision Plan.

Your member number in the plan is your ss#. Full service unless otherwise marked*.

DAVIS VISION PLAN EYE DOCTORS IN SARASOTA:

Vision Works, 6527 S Tamiami Trail, 34231 – 941-924-9375

Dr. Susan Beck, 3920 Bee Ridge Road, 34233, Suite A, – 941-923-3411

Dr. Rick Billings, 3900 Clark Road, 34233, Suite E2, - 941-923-1119

Dr. Thomas Blom, 2450 Bee Ridge Road, Suite A, -941-925-3937

Dr. Edna Berrocal, 4848 S Tamiami Trail, 34231, 941-925-2010

DAVIS VISION PLAN EYE DOCTORS IN VENICE:

Community Eye Center, 1988 S Tamiami Trail Venice, 34293 – 941-408-0145 (Multiple Doctors)

Dr. Michael Broder, 2165 Tamiami Trail S, Venice, 34293 – 941-493-8787

Dr. Diane Luu, 4171 Tamiami Trail S, Suite 34, Venice, 34293- 941-492-9181 (Multiple Doctors)

Dr. Amy Ragozzino, 4150 Tamiami Trail S, Venice, 34293 – 941-497-5555 - Exam only*.

Walmart Vision Center, 4150 Tamiami Trail S, Venice, 34293 – 941-497-0960

DAVIS VISION PLAN EYE DOCTORS IN NORTH PORT:

Dr. Bradley O'Neill, 1331 Sumter Blvd. North Port, 34287 – 941-423-8137 (Multiple Doctors)

Dr. Bobby Sarivannara, 18467 S Tamiami Trail, North Port, 34287 – 941-423-4648 (Multiple Doctors)

Dr. Stefano Ragozzino, 17000 Tamiami Trail, North Port, 34287 – 941-429-1430

Walmart Vision Center, 17000 Tamiami Trail, North Port, 34287 – 941-423-8828

DAVIS VISION PLAN EYE DOCTORS IN BRADENTON:

Vision Works, 4555 14th St. W, Bradenton, 34207 – 941-755-0413

Dr. Jeffrey Sinclair, 9122 58th Drive E, Bradenton, 34202 – 941-752-2020

Dr. Albert Lascaibar, 1141 53rd Ave W, Bradenton, 34207 – 941-567-4675

Dr. Dedrix Daka, 1312 Manatee Ave. E, Bradenton, 342308 – 941-750-8797

Dr. Walter Ruthkowsky, 5005 Manatee Ave. W., Bradenton, 34209 – 941-794-1315

Dr. Warren Paquin, 501 Village Green Pkwy, Suite 3, Bradenton, 34209 – 941-797-7522 (Multiple Doctors)

DAVIS VISION PLAN EYE DOCTORS IN PORT CHARLOTTE:

Dr. Becky Ramos, 1441 Tamiami Trail, Port Charlotte, 33948 Unit 325A – 941-255-0588 (Multiple Doctors)

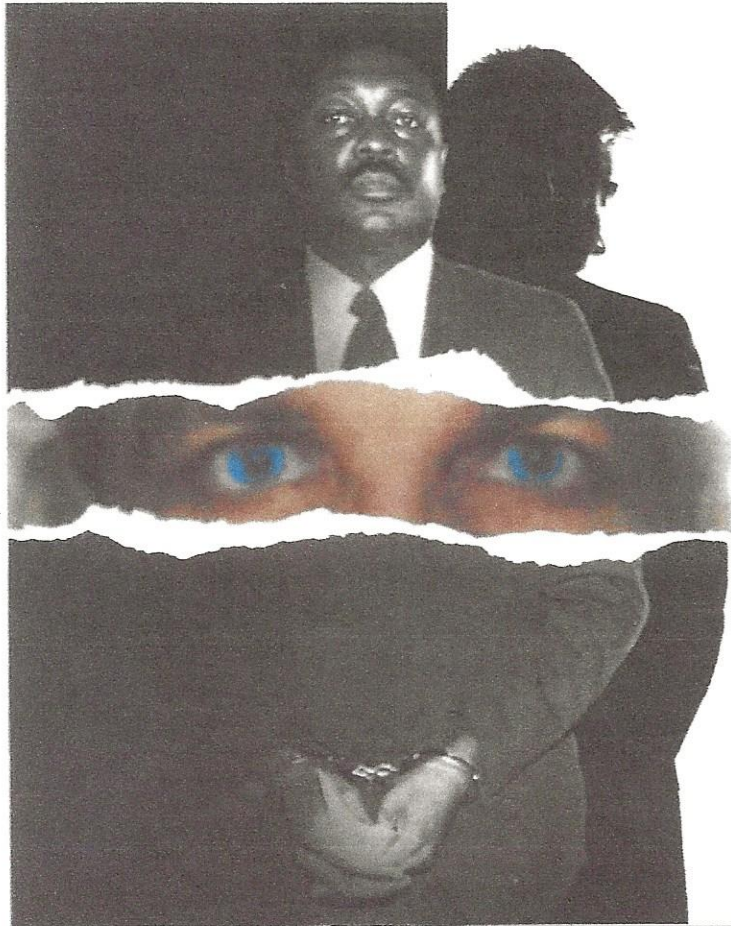
Dr. Jolene Gregg, 17700 Murdock Circle, Port Charlotte, 33948 – 941-255-3591

Dr. James Coppola, 19100 Murdock Circle, Port Charlotte, 33948 – 941-625-7437

Walmart Vision Center, 375 Kings Highway, Port Charlotte, 33983 – 941-625-5359

Dr. Eric Schaible, 21275 Olean Blvd, Port Charlotte, 33952 – 941-625-1325 (Multiple Doctors)

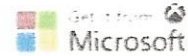
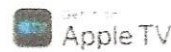
This exciting story is about our own Mike Borrelli and his partner Bob Davis. What happened to them and why they were sent to prison. This mini-series is a MUST SEE !!



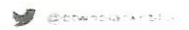
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ON DEMAND TODAY



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Manasota 10-13 Club®

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



WIDOWS GUIDE

A GENERAL GUIDE FOR THE WIDOW/er OF A RETIRED MOS

THE BELOW ARTICLE WAS WRITTEN BY
MARIE BRUSCO AND LINDA LACHICK, POLICE PENSION FUND

Few situations in life are more stressful than when a spouse passes. All too often we have a difficult time focusing on the issues at hand and need guidance to get the deceased affairs in order. The following is a general guide for the widow/er regarding important notifications that must be made by the surviving spouse and information you should have on hand when a retiree dies.

Operations Unit 646 610 5580 calling to report the death of a retired police officer and are requesting NYCPD FLAG for casket & Pallbearers for his funeral. IN (all five boroughs, all of Long Island and Upstate New York but **NOT** beyond Dutchess County.) Can ALSO Request DEPT FLAG for funerals OUTSIDE of above areas. Give **FIRST, MIDDLE and LAST NAME, DATE OF DEATH, SOCIAL SECURITY NUMBER RANK, LAST COMMAND, NEXT of KIN.**



Notify the NYC Police Pension Fund either in Writing or by Telephone.

The address is 233 Broadway, 19th Floor New York, New York 10279 **Attention: Retiree Death Benefits Unit**
Telephone (212) **693- 5607 / 5919** (for members appointed after June 30, 1940 and for members who merged from Transit/Housing as of May 1995).

• You will have to **PROVIDE** the deceased First, Middle and Last name, the date of death, **SOCIAL SECURITY** number, next of kin as well as the executor/trix of the estate and his/her address and phone number.

• To **COMPLETE** complete our records you will need a **COPY** of the Will, a copy of the paid Funeral bill, the **Original or Certified COPY** of the **Death certificate** and a **certified copy of your MARRIAGE certificate** as well as **YOUR SOCIAL Security number**.
These documents are necessary for any benefits that might be due you as per the member chosen options.

• Contact the appropriate **UNION** for a possible existing **LIFE** insurance policy and also for Continuation of **4 optional benefits**, if qualified.

Police Officers-Patrolmen's Benevolent Association (P.B.A)	(212) 233-5531
Detectives-Detectives' Endowment Association (D.E.A.)	(212) 587-9120
Sergeants- Sergeant's Benevolent Association (S.B.A.)	(212) 431-6555
Lieutenants and above-Superior Officers Council (S.O.C)	(212) 964-7500

• Contact the NYC **HEALTH** Benefits Program for Special Continuation of Coverage Application (Coverage for LIFE) located at (**NEW**) 22 Cortlandt St. 12th Floor, New York, NY 10007: **NEW** (212) 306-7200 (Gen Info)

There are no words of comfort at such a difficult time, however if you have all the necessary information at the ready it will expedite any claim that is pending, make the process run smoothly and your stress level can be minimized.

Thanks **MARIE** and **LINDA**

DO YOUR WIFE/FAMILY A GREAT SERVICE BY FILLING OUT THIS FORM.
! Know this form will alleviate your spouses concern. You have no idea of the stress level the family is under.

WORK SHEET for DECEASED MOS

FIRST NAME _____ MI _____ LAST _____ ▼▼ _____
 SPOUSE NAME _____ Address _____ City _____ St _____ Zip _____
 Pension # Starts w/ Cap P _____ top right side Electronic Quarterly Statement
 SS # _____ RANK _____ Last Command _____
 HOME PHONE _____ CELL _____ EMAIL _____ ▼▼ _____

NE 10-13 FIRST (4) STEPS TO BE TAKEN AFTER DEATH/NOTIFICATIONS

1) Operations Unit 646 610 5580 calling to report the death of a retired police officer and are requesting **NYCPD FLAG** for casket & Pallbearers for his funeral. IN (all five boroughs, all of Long Island and Upstate New York but NOT beyond Dutchess County.) Can ALSO Request DEPT FLAG for funerals OUTSIDE of above areas. Give FIRST, MIDDLE and LAST NAME, DATE OF DEATH, SOCIAL SECURITY NUMBER RANK, LAST COMMAND, NEXT of KIN,

2) NYC Police Pension Fund (P P F) either in writing OR or by telephone. This Number is Just For Death Benefits 212) 693-6887. During Virus 646) 905 5596
 233 Broadway, 25th Floor New York, N Y 10279 Attn: Retiree Death Benefits
 NOT in service 212) 693-5507/5519

3) Contact the appropriate **UNION** for a possible existing LIFE insurance policy and also for Continuation of Optional benefits, Any Questions about the Fund provided or your right to benefits under a particular Fund, contact Fund Administrator at the Fund address shown below:

PBA (212) 233-5531 John.Hucke@NYPD.org FUNDS OFFICE: 212 349 7500
 Detectives' Endowment Association (D.E.A.) (212) 587-9120
 Sergeant's Benevolent Association (S.B.A.) (212) 431-6555 FAX (212) 431-6487
 Lieutenants and above-Superior Officers Council (S.O.C) (212) 964-7500

4) Contact the NYC Health Benefits Program for Special Continuation of Coverage Application (coverage for life) located at 22 Cortlandt St, 12th floor. Att Linda Harris New York, NY 10007 FAX, 212 306 7756, When Writing; Send Certified W/ Return Receipt SS # on top of every pg.

You will have to provide the Deceased First, Middle and Last name, the date of death, social security number, next of kin as well as the executor/trix of the estate and his/her address and phone number.

To complete our records you will need a COPY of the will, a copy of the paid funeral bill, the original or certified copy of the Death certificate and Marriage certificate as well as (SPOUSE

Social Security #. These documents are necessary for any benefits that might be due you as per the member chosen options.

Att Linda Harris

They will send the surviving spouse a **pre-numbered application** allowing the spouse to continue the health coverage that the member had at a **cost equal to 102%** of what the City pays, which includes admin fees

GENERAL GUIDE FOR THE WIDOW/er OF A RETIRED MOS CLICK >

<https://www.nefl1013.com/GEN-GUIDE>

Feel free to contact me C 407 417 7779

Pension rep www.nefl1013.com/

Notify the Veterans Administration 1-800 827-1000, (Usually Funeral Director will do this for you also Church or Temple for announcements and to arrange for funeral).

DISCHARGE PAPERS: DD 214 - Original needed for BURIAL IN NATIONAL CEMETARY, Grave marker, Funeral Allowance, Flag or Social Security, if spouse was not already receiving benefits. Service time counts toward qualification. They will Photostat 1 for Veterans Administration & Social Security. if a veteran. and CAN'T find discharge or DD 214

THINGS YOU WILL NEED

DEATH CERTIFICATES: Death Certificates are necessary in every step to the successful administration of a decedent's estate. (Usually Funeral Director will obtain certificates as part of his service at current cost).

Veterans Administration (if a veteran) www.va.gov

NYCPPF (Pension Bureau) <http://www.nyc.gov/html/nycppf/html/home/home.shtml>

Motor Vehicle Bureau (if auto was in deceased's name ONLY). 1 for each insurance policy

Probate Court (If probate is needed)

Your State Department of Revenue to obtain non-tax certificate (if real property is involved).

Bank accounts held in Trust for another (1 for each account if property held in a Trust)

Note: If estate is probated, some of the above will take a Letter Testamentary instead of a Death Certificate.

MARRIAGE CERTIFICATES WITH OFFICIAL RAISED SEAL:

Social Security, (not necessary if surviving spouse already receiving benefits) www.ssa.gov

Veterans Administration (if a veteran). www.va.gov

Motor Vehicle Bureau if auto is in the deceased's name ONLY.

One for each bank account, brokerage house account, share of stock or bonds, etc. that were in the deceased's name ALONE .

THINGS THAT MAY APPLY

Cancel the lease. If your parent or loved one rented a home, cancel the lease after clearing out the furnishings.

Inform insurance companies. File life insurance claims for any policies on the person's life, and request that the insurers send you Form 712, Life Insurance Statement (a statement about the life insurance that must be filed with the estate tax return).

Make sure the car insurance company continues to cover the person's car until it's sold or transferred to a beneficiary.

Make sure the homeowners policy continues to provide adequate coverage for the person's things until removed from the home.

Notify companies the person did business with.

Cancel credit cards, and close charge accounts.

Tell airlines to transfer frequent-flier miles (in attendance with the will to the primary beneficiary)

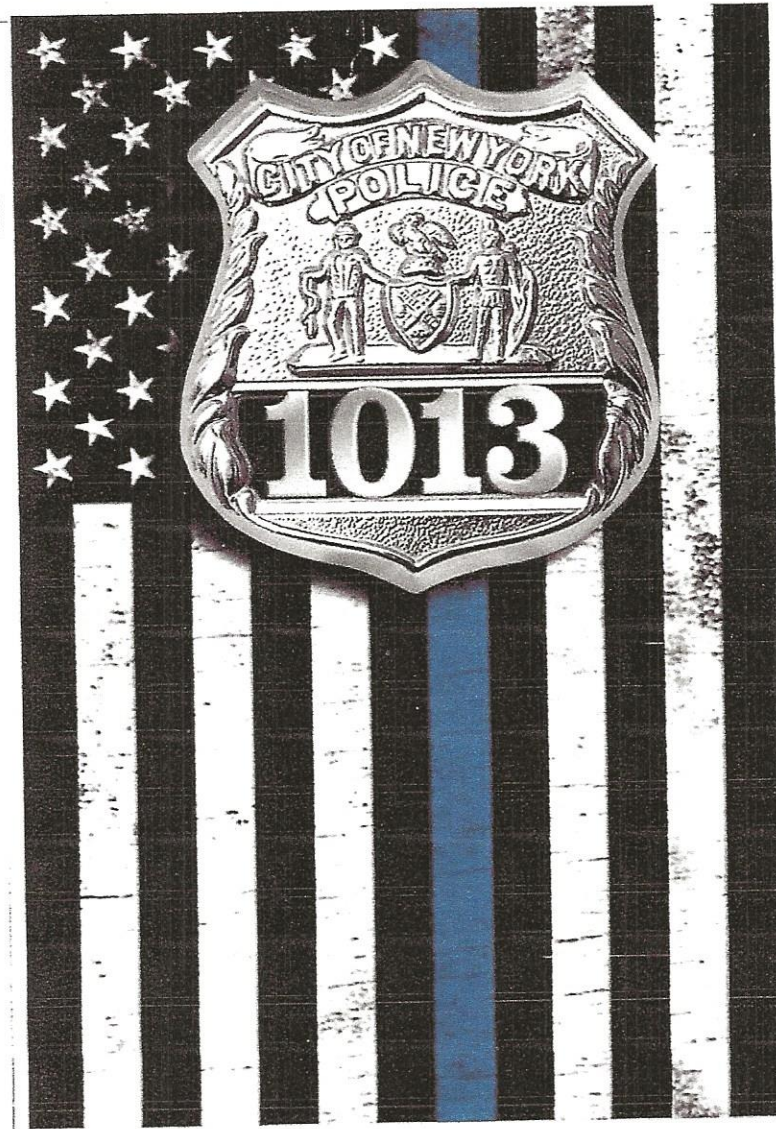
Gather assets. This doesn't mean piling them all together. It means getting a list of all the assets at the time of the decedent's death, along with copies of statements, deeds, etc. This information is needed for probate. It's also essential for filing federal and state estate tax returns, if required.

Review IRAs. If the surviving spouse is the beneficiary, decide whether to roll an IRA over to the surviving spouse. Get good advice—and get it now. The money you pay to attorneys and other advisers to resolve issues up front can be much lower than if you deal with problems after a person's death.

In case of couples, usually most of the property is held in joint names and the survivor obtains same "by operation of law". However, there may be some items which were held in the name of the deceased ONLY, and in that case it would be necessary to go to Probate Court to transfer ownership of that property, unless listed in a trust.

Consideration should also be given to making pre-death funeral arrangements. This provision, no matter how painful, should be discussed by couples and by parents with their families. Too often, spouse and children spend much too much money on a funeral and do so without really knowing what were the deceased's wishes in this regard (Place of burial, Cremation, etc.) Consideration should also be given to having a "Family Durable Power of Attorney" (Someone to take over your finances if you become incapacitated or incompetent)

There are no words of comfort at such a difficult time, however if you have all the necessary information at the ready it will expedite any claim that is pending, make the process run smoothly and your stress level can be minimized.





Manasota 10-13 Club

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

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tjmarone@verizon.net

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1013 CLUB WEB SITE

[Http://www.10-13manasota.com](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

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 1ST 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

**315 Chantilly Trail
Bradenton, FL 34212**

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 (^{INC.} year) _____ Date appointed to NYPD (include year) _____

Date of retirement (include year) _____ Rank _____

Last command _____ S.S./Pension #: _____

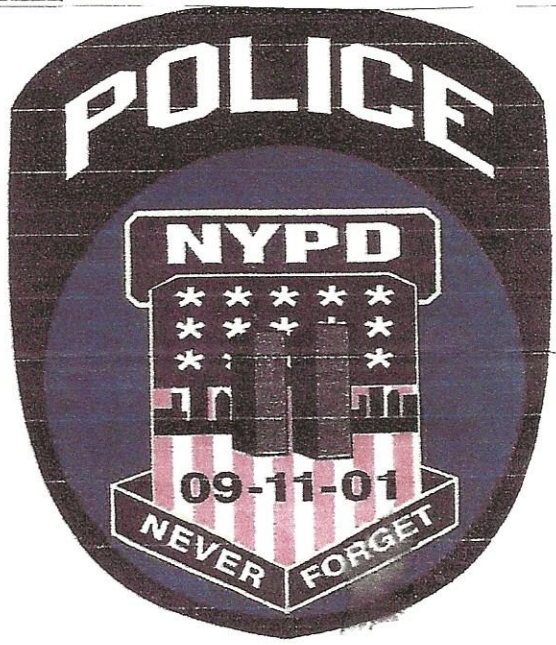
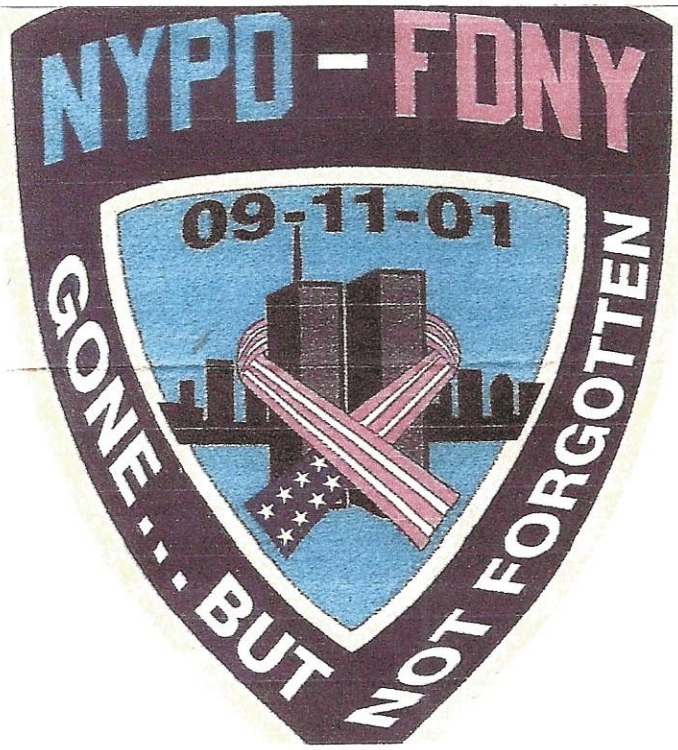
Next of Kin (Name, Address, Telephone) _____

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





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_____ **First Name** **M.I.** **Last Name**

_____ **Address (Include Apartment Number)**

_____ **City** **State** **Zip Code**

() _____ **Home Phone** () _____ **Business Phone**

Tax# _____ **Email address** _____

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Misc. 4280-1 (Rev. 11-14)

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 MONEY ORDER PAYABLE TO:
 NYPD/SPRING 3100
 DO NOT SEND CASH



Date: _____

DONATION FOR (please check all that apply)

- General Foundation Smart Home Program
 Fallen First Responders Home Program Gold Star Family Home Program

Name: _____
Company/Organization: _____
Phone: _____ Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Email: _____ Please add me to e-mail list

CREDIT CARD AUTHORIZATION

Credit Card Type (please check one): Amex VISA MASTERCARD Discover

Card Billing Address (If same as above, leave blank): _____
City: _____ State: _____ Zip: _____

Phone No. of Cardholder: _____

Card No.: _____ Exp. Date: _____ CID or Security Code: _____

I hereby authorize the Stephen Siller Tunnel to Towers Foundation to charge the following amount \$ _____
to my credit card. One-Time Monthly

Signature: _____ Date: _____

CHECK

Please make all checks out to "Stephen Siller Tunnel to Towers Foundation" and kindly mail with the attached form to the address listed below.

OPTIONAL DEDICATION

Please make my gift:

In Honor of _____ In Memory of _____

Please send acknowledgment of dedication to (name/address required):

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!

*Stephen Siller Tunnel to Towers Foundation is recognized by the IRS as a 501 (c)(3) tax -exempt organization.
Our EIN number is 02-0554654. Please consult with your tax adviser regarding the deductibility of your contribution.*

POLLOCK | COHEN LLP

60 BROAD STREET, 24TH FLOOR
NEW YORK, NEW YORK 10004
(212) 337-5361

CONTACT:

Steve Cohen
SCohen@PollockCohen.com
(917) 364-4197

November 28, 2021

VIA EMAIL AND NYSCEF

Justice Lyle E. Frank
Supreme Court of the State of New York
New York, NY 10007
email: lfrank@nycourts.gov

Re: *NYC Organization of Public Service Retirees, Inc. et al v. Renee Campion et al*,
Index No. 158815/2021

Dear Justice Frank:

We represent Petitioners in the above-captioned matter.

Your Honor directed the City to explain its rationale for transferring data by the close of business last Tuesday – and for us to respond by the next day. The City’s letter abandoned even the pretext of a purely ministerial transfer, admitting that the transfer would cause automatic enrollment of all retirees into the MAP plan. Then, they submitted additional letters following that deadline, raising new arguments and attacking our critique. Both their Trojan Horse plan and their additional submissions are filled with misleading and simply erroneous information, which we attempt to briefly correct here.

The Court should reject the City/Alliance’s attempted end-run to forcibly enroll retirees in the Medicare Advantage plan (MAP); it is not just a new example of their arbitrary and capricious behavior, but an abuse of their authority and responsibility.

In the face of your explicit admonition that a “soft start” of the MAP on January 1st would not be appropriate, the City and Alliance are now proposing an even more radical, inappropriate, and unlawful alternative: that all retirees – including the thousands who would have opted out of the MAP before whatever deadline the Court would have set – be moved involuntarily, without any warning, into the MAP. And if they don’t like it – or if their doctors don’t participate, or if they are denied a medical test or procedure because of prior authorization – they can “just” switch back. The anxiety, cost, administrative burden, and potential disruption in the continuity of care seniors would likely experience is not mentioned by the City or the Alliance.

This is beyond arbitrary and capricious, and completely flips on its head how Medicare is supposed to work. Even MAP plans with group enrollment offer opt-out protections. But not the proposed City/Alliance proposal. Importantly, because we are

dealing with an elderly and disabled population – many of whom live on limited, fixed incomes – the consequences of this surprise health insurance swap could be disastrous: continuity of care will be disrupted and many seniors could face serious financial hardship.

It also underscores the City's and the Alliance's cynicism: they earlier were insisting that the MAP could not start later than January 1st because retirees would then be subjected to two deductibles. Now, with their "try it, you'll like it" strategy, they completely ignore that additional burden on seniors.

In the Court's Order imposing the preliminary injunction, Your Honor stated, "there is little clarity as to which health care providers will be accepting this new Medicare Advantage Plan." Sadly, nothing has changed. The blue-smoke-and-mirrors the City and the Alliance are desperately employing to try to convince the Court to allow the MAP to begin on January 1, 2022 does not disguise the fact that seniors simply do not know whether their doctors will accept the MAP. The Alliance says it is doing outreach to providers – as they should have done before trying to sell any new plan. But simply claiming that doctors who accept a different plan are now automatically enrolled as "in network" providers does not cure the critical fault: doctors simply do not have to accept any Medicare Advantage plan. And retirees still do not know whether their doctors will participate in this plan.

In addition to curing none of the flaws identified in the Court's prior order, there are at least five additional fatal flaws with the latest last-minute proposal by City and Alliance. Specifically, what they propose violates CMS regulations and will cause some retirees to lose prescription drug coverage; contravenes federal HIPAA law; is contrary to New York State policy; ignores CMS regulations regarding mandatory opt out provisions; and is unconscionably arbitrary and capricious.

The proposed MAP violates CMS rules concerning Medicare Part D drug coverage. CMS rules prohibit a retiree from being in a group-sponsored MAP plan while having an individual market Part D plan.¹ The City's plan to automatically enroll all retirees into the Alliance MAP plan will trigger CMS to automatically disenroll those retirees who have an individual market Part D plan from that plan. That will end their prescription drug coverage and could cause real harm.

Transferring protected health information (PHI) is against federal HIPAA law. Ms. DiBenedetto's letter of November 24th claims that the proposed data transfer is not improper because "It does not involve the transfer of medical data but information concerning who is joining a City sponsored plan." Nowhere did Petitioners claim that the problem was the transfer of medical data. That is just the City's latest

¹ <https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>

red herring: the data that will be transferred is simple-but-protected personal information such as the retiree's birth date, Social Security number, and address. And that information is precisely what is protected by HIPAA.²

Transferring PHI is a violation of state law. Mr. DeLarco claims that the transfer of data without retirees' consent is not a violation of 10 N.Y.C.R.R. § 300.5(a) because the City because it is not a "qualified entity (QE)." Mr. DeLarco is mistaken. New York City is a QE via NYC Health + Hospitals. In August 2016 the (then named) New York City Health and Hospitals Corporation joined New York City's Regional Health Information Organization – and SHIN-NY – thus subjecting them to these specific privacy protections.³ More generally, New York State policy is also very pro-privacy protection. One example: the proposed transfer would be a violation of the New York State Department of Financial Services Office of General Counsel opinion which stated, "An insurer and its agent may not disclose a consumer's personal information to third parties, except in accordance with N.Y. Comp. Codes R. & Regs. Tit. 11, Part 420 (Regulation 169)."⁴ Mr. DeLarco might also find these New York State Department of Health "HIPAA Preemption Charts instructive."⁵

CMS regulations require an affirmative opt-out mechanism and clear information. Mr. DeLarco's letter focuses on the 21-day minimum notice for a "Group Enrollment Mechanism" under CMS regulations. He conveniently ignores the additional requirements that people be allowed to "affirmatively opt out" and mandating that multiple sources of (accurate) information about the plan and alternatives be provided.⁶

Drop-out is not opt-out. The City's latest plan calls for every retiree to be automatically enrolled in the MAP – without an opt-out provision. And if they don't like it, they can drop out within six months. This violates CMS regulations and the Court's Order. The City has repeatedly professed concerns for its retirees, and said that it needed to start the program on January 1, 2022 so that retirees wouldn't face two different deductibles. Apparently that concern was simply forgotten in the City's latest "try it, you'll like it" strategy.

² Mr. DeLarco complains that I don't cite the specific HIPAA source. Here is one that should clarify things: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html> (Last accessed on November 28, 2021.)

³ <https://www.healthitoutcomes.com/doc/interboro-rhio-nyc-health-hospitals-statewide-health-network-new-york-0001> (Last accessed on November 28, 2021.)

⁴ <https://www.dfs.ny.gov/insurance/ogco2008/rg081011.htm>

⁵ https://www.health.ny.gov/regulations/hipaa/preemption_charts.htm

⁶ <https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>

Justice Lyle Frank
November 28, 2021
Page 4 of 4

Petitioners reiterate their opposition to any automatic enrollment in an MAP; and to the (Trojan Horse) data transfer. We also reiterate our willingness to work with Respondents to develop a better plan and implementation process. Unfortunately, we are even more confused and concerned about the City's insistence on cancelling the December 8th status hearing scheduled by Your Honor. We await the Court's direction.

Thank you for Your Honor's attention and consideration.

Sincerely,
/s/ Steve Cohen
Steve Cohen

cc (via email): Rachel DiBenedetto, Esq.
Michael DeLarco, Esq.

HEALTH AND WELFARE



WELCOME! To the NYC Organization of Public Service Retirees Newsletter!

Hello Retirees!

We have been working to improve our website and build our YouTube channel. Please subscribe there so You know when we upload a Video. <https://youtube.com/channel/UCSwlJQTZpiUq4UluwhLY0yQ>

Updates

Today, Monday, November 29th.

Here is the link to the YouTube chat of the Board after today's email from the Honorable Lyle Frank to all the attorneys. <https://youtu.be/-dZmiA0EBqM>

Thank you for all of your correspondence. After reviewing the correspondence received in the last few days, I do not plan on amending my prior order at this time. My hope was that the parties could meet this week and then we could talk again in order to potentially resolve this matter on December 8. Also by that point, my hope was for there to perhaps be a final plan or at least a final response by the respondents with regard to the petitioners' submissions. Apparently, the respondents do not wish to go that route. I can certainly adjourn the December 8 date, though I do ask what NYSCEF document is there in support of the cross motion. Perhaps I am missing something, but I don't see any affirmations in support of that. It seems unlikely with a preliminary injunction in effect that I would grant the cross-motion to dismiss, though it is not impossible. Please advise if you still wish for me to adjourn for response to the cross-motion and I will do so.

Hon. Lyle E. Frank

The short of it is, DO NOT OPT OUT of the ADVANTAGE PLAN YET, unless you want to be in AETNA or another plan that will not be open to you next year. The City is closing enrollment in these other plans as of November 30th. So in your case, you should opt out as we are not sure if they will be available after November 30. **USE THIS FORM**, https://www1.nyc.gov/assets/olr/downloads/pdf/health/3777002%20511301MUSENMUB_001_CTYONY_Rev1%20CoNY%20All%20Carriers%20Opt%20Out%20Update_508-opt-out-form.pdf

DO NOT MAIL IT! You can use this form to email or fax, or call the 833 hotline at the bottom of the form to verbally opt out. Please document who you spoke with, date, time, and get a reference number. Some plans require an enrollment form, so be sure to do both.

If you are on GHI Senior Care, the attorney advises you to wait, do not opt out yet. We know many of you expressed you were opting out under duress due to the misinformation by the City and Alliance plan. But wait. And it was advised if you opted out to remain in Senior Care, you should rescind it, and again get a reference number with your contact info.

The Judge ordered the parties to meet this week. We may update you again by the weekend.

TO DONATE TO THE LEGAL FUND

Donation Instructions to Support Our Class Action Suit Against the City To Protect Our Retiree Healthcare:

We worked decades for our benefits! Let's make sure DeBlasio and the MLC don't take them away!

A suggested \$25 Donation* will help start the fight to keep our current benefits. Give more if you can, and/or often! If you cannot meet the minimum suggested donation, we appreciate whatever you can give towards this fight for our benefits. We also added the option to make your donation recurring (monthly) as was requested.

The fundraiser group is incorporated as a Non-Profit. ALL proceeds go to fund the legal challenge and not to anyone in the Organization. Volunteer retirees are running this effort.

TO DONATE, HERE ARE 3 SIMPLE WAYS!

1. Zelle using email NYCOrgofpublicserviceretirees@gmail.com
2. Make your check out to:
NYC Organization of Public Service Retirees PO Box 941
Venice, FL 34284 (our treasurer lives in FL)
3. Or click on this Paypal link: https://www.paypal.com/donate/?hosted_button_id=Q4VWJEYVJ9HTW&Z3&fbclid=IwAR0pEOc51x9xhc-CBb8vqAlkX97Bgg1Z02f1r9gQh9S3dOsVmAdob5jBbw8

If you are on this list, it is because you subscribed to hear what we are doing as an organization that represents all NYC Municipal workers in protecting their Health benefits in retirement. Currently, we have a FACEBOOK page located here: <https://www.facebook.com/groups/888622578669131>

If you are not on FACEBOOK, we will be updating you here. And Check our website for FAQ www.nycretirees.org

Thank you for signing up for our [newsletter](#) and pass this to a friend to sign up too!

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

UNKNOWN
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

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

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

{ ONE PER MEMBER }
{ ONE PER SPOUSE }

Make a copy for yourself and return the original

EG21

Effective date
/ 01 /

City of New York

Group number Class code
n/a

Your information

Last name First name Middle initial

Birth date (/ /) Sex M F Primary phone number ()

Permanent residence street address (PO Box is not allowed)

City State ZIP code County

Mailing address (only if different from your permanent residence address) Email address (optional)

Emergency contact name (optional) Relationship to you

Primary phone number Secondary phone number

Medicare information

Please take out your red, white and blue Medicare card to complete this section.
• Fill out this information as it appears on your Medicare card.
-OR-
• Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number: _____
Is Entitled To: Effective Date:
HOSPITAL (Part A) _____
MEDICAL (Part B) _____
You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Health plan selection

Check the box next to the type of plan you want to enroll in. Then write the name of the specific plan on the line provided. (This information may be pre-filled). For more plan details, look at the benefit summary included in your enrollment kit. **Make sure to read the important health plan disclosures on Page 4.**

 Aetna Medicare ESA No Rx
 Aetna Medicare ESA with Rx Custom Rx

Fill out the following

I'm currently enrolled in a Medicare Advantage plan issued by:
Name of insurance company _____
I'd like to change to an Aetna plan. I understand this plan may have different health benefits and monthly payments than my current plan.

Tell us your provider

A primary care physician (PCP) is required for HMO plans and is recommended for PPO plans. To select a PCP visit our online provider directory at AetnaMedicare.com/findprovider or call the phone number on the instruction page.

PCP first and last name: Are you a current patient?
 Yes No

Provider ID (if applicable) (located in the provider directory):

Primary Care ID (located in the provider directory):

Applicant name: _____

Effective date: ___ / 01 / ___

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: _ / 01 /

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: <https://nycemployeebenefits.leapfile.net>

STREET ADDRESS,
22 CORTLANDT STREETS,
12TH FLOOR
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)

A. <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* EMPLOYEES ONLY: <input type="checkbox"/> Buy-Out Waiver Program <small>COMPLETE SECTIONS D, E, F & H</small>		B. Change of: <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:		C. Transfer of Health Plan and/or Optional/Benefit Based on: <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: ___/___/___	
---	--	--	--	---	--	---	--

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 BENEFITS 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"/>

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 (RETIRES 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 Waiver 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

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, 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 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 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.



Manasota 10-13 Club®

Was I a Good Cop? **

"Thoughts from an anonymous cop who retired in '87" (When the "JOB" was still something to be revered).

Just before retiring, some young puppy was busting my chops about how law enforcement has changed, and the system is improving for the best. I just smiled and gave him a little laugh. He asked what was so funny. I told him that I felt sorry for him. When asked why, I told him, "Because in about 15 years, THIS is going to be your good old days."

We all saw the change in our jobs. I came on in 1965. I used to tell the rookies that our academy classes lasted 3 months. They gave us a stick, a gun, a dime, and kicked us out into the street. They told us: If you need help, use the dime. If you can't get to a phone, use the stick. If using the stick pisses him off, use the gun. And the first order we received when we were assigned to a precinct was from our sergeant. His order was "Don't you EVER bother me, kid."

Law enforcement then, was much different than the current mission. We delivered babies, got rough in the alley when we needed to, made "Solomon-like" decisions at least once a tour, and often wound up being big brother to the kid we roughed up in that alley a year or so ago. And, for some reason, none of that managed to get on a report. And the department didn't really want to know. All they wanted was numbers, and no ripples in the pond.

Because of the changing times, and the evolution of law enforcement, the modern young officers will never see that form of policing, and of course this is best. The current way is the right way... Now. But it was different then (ergo, the Dinosaur Syndrome).

When it's time to go, we wonder if we're going to miss the job. After all, other than our kids and a few marriages, it was the most important thing in our lives. Actually, it was the other way around. The job was first, but only another cop could understand what I mean by that.

But have faith, brother! After a short time of feeling completely impotent (after all, you're just John Q. now), reality hits like a lead weight. It's not the job we miss after all. It's what we, as individuals, had accomplished while in this profession that we miss. The challenge of life and death, good and bad, right and wrong, or even simply easing the pain of some poor bastard for a while, someone we will never see again. We know the reality of what's happening out there. We are the ones who have spent our entire adult life picking up the pieces of people's broken lives. And the bitch of it all is that no one except us knows what we did out there.

I was once told that being a good street cop is like coming to work in a wet suit and peeing in your pants. It's a nice warm feeling, but you're the only one who knows anything has happened.

What I missed mostly, though, were the people I worked with. Most of us came on the job together at the age of 21 or 22, as I did. We grew up together. We were family. We went to each other's weddings, shared the joy of our children's births, and we mourned the deaths of family members and marriages. We celebrated the good times, and huddled close in the bad.

We went from rookies who couldn't take our eyes off of the tin number of the old timer we worked with, to dinosaurs.

After all, what they gave us was just a job. What we made of it was a profession. We fulfilled our mission, and did the impossible each and every day, despite the department and its regulations.

I think the thing that nags you the most when you first retire is: After you leave the job and remove your armor, the part of you that you tucked away on that shelf for all those years, comes out. It looks at all the things you've hidden away. All the terrible and all the wonderful things that happened out there. And it asks you the questions that no one will ever answer. "Do you think I did OK? Did I make a difference? Was I a good cop?" You know what? Yeah, you were a good cop! And you know it!

That's all I wanted to hear from those who know, my brothers & sisters.

During the month of November the names of 68 NYPD heroes were added to the NYPD Wall of Heroes at NYPD Headquarters. !

It doesn't matter whether you celebrate Christmas, Hanukkah, or another religious holiday, it's that time of the year when our thoughts turn to the joys of gathering with family and friends in the spirit of thankfulness and giving.

During this holiday season I ask that you continue to pray for the safety of all law enforcement officers and first responders. On behalf of our entire board I wish you and yours a very joyous, healthy and safe holiday season.



Manasota 10-13 Club[®]

The 2022 Medicare Part B Monthly premiums have been posted as well as the 2022 Medicare Annual Deductible.

Medicare Part B: The **standard monthly premium** for Medicare Part B enrollees for 2022 will be \$170.10; an increase of \$21.60 from \$148.50 in 2021.

The **annual deductible** for all Medicare Part B beneficiaries in 2022 will be \$233; an increase of \$30 from the annual deductible of \$203 in 2020.

Part B **monthly premiums are based on a person's income**. The income-related monthly adjustment amounts (IRMAA's) are listed on the following site: <https://www.medicare.gov/your-medicare-costs/part-b-costs>

Fortunately for us the premium increase does not negatively impact us because we are reimbursed for the Medicare premiums as long we remain on a NYC insurance plan.

	<u>2021</u>	<u>2022</u>
Standard Medicare Part B Premium	\$148.50 →	\$170.10 +\$21.60 Monthly
Annual Part B Deductible	\$203.00 →	\$233.00 +\$30.00 Annually

IRMAA:

The Income Related Monthly Adjustment Amount (IRMAA), an extra charge added to Medicare premium, at different income points, has also been increased for 2022 as follows:

If your yearly income in 2020 (for what you pay in 2022) was			You pay each month (in 2021)
File individual tax return	File joint tax return	File married & separate tax return	
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$170.10
\$148.50 above \$91,000 up to \$114,000	above \$182,000 up to \$228,000	Not applicable	\$238.10
above \$114,000 up to \$142,000	above \$228,000 up to \$284,000	Not applicable	\$340.20
above \$142,000 up to \$170,000	above \$284,000 up to \$340,000	Not applicable	\$442.30
above \$170,000 and less than \$500,000	above \$340,000 and less than \$750,000	above \$91,000 and less than \$409,000	\$544.30
\$500,000 or above	\$750,000 and above	\$409,000 and above	\$578.30

Financial Information

As a result of the 6.2% rate of inflation Social Security recipients will receive a 5.9% Cost of Living increase in 2022.

Required Minimum Distributions (RMD's)

In 2020, due to the COVID 19 pandemic the IRS waived the RMDs for certain retirement accounts. The waiver was not extended for 2021. If you are over 72 years of age and have accounts that require you to take the RMD, make sure you do so before the Dec. 31 deadline (April 1, 2022 for those turning 72 in 2021).

Beneficiaries

A periodic review is recommended to ensure they are correct. This review is especially important following a life event such as a marriage, divorce, birth or death. It is also recommended to choose contingency beneficiaries where possible, in the event your chosen beneficiary pre-deceases you.

Contribution Limits

The contribution limit for employees who participate in 401(k), 403(b), most 457 plans, and the federal government's Thrift Savings Plan is increased to \$20,500. Limits on contributions to traditional and Roth IRAs remains unchanged at \$6,000. The catch-up contribution limit for employees aged 50 and over who participate in 401(k), 403(b), most 457 plans, and the federal government's Thrift Savings Plan unchanged at \$6,500. Therefore, participants in 401(k), 403(b), most 457 plans, and the federal government's Thrift Savings Plan who are 50 and older can contribute up to \$27,000, starting in 2022.

Pension Protection Act - New York City Police Pension Fund (nyc.gov) In 2006, Congress passed the Pension Protection Act ("PPA"), which contains many provisions that affect members of the New York City Police Pension Fund. Among those provisions is the ability to exclude up to \$3,000 from the amount of income distributions reported to the Internal Revenue Service ("IRS") for payment of premiums for accident or health insurance or long-term care insurance.

- Distributions used to pay premiums for a spouse and dependent children are also excludable.
- This exclusion can be made if the amount paid for the premium would have otherwise been included in your income and is deducted directly from your pension allowance.
- What this means for retired NYPD officers is that the cost of the City's optional benefit rider may be excluded from the total amount of your pension reported annually.
- The maximum amount allowed by the PPA to be excluded is \$3,000; however, the amount excluded may not exceed the actual amount paid.
- To claim this benefit, you must reduce the taxable benefit on line 16B of the 1040 by the amount of the exclusion and write "PSO" on the line for "public safety officer."
- The exclusion will not be reported on 1099 forms issued by the City, so any retiree who claims the benefit has a responsibility to report it to the IRS.

Accordingly, pensioners who retired on ADR (accidental disability retirement) are not eligible for this exclusion because at this time their pension is not taxed.

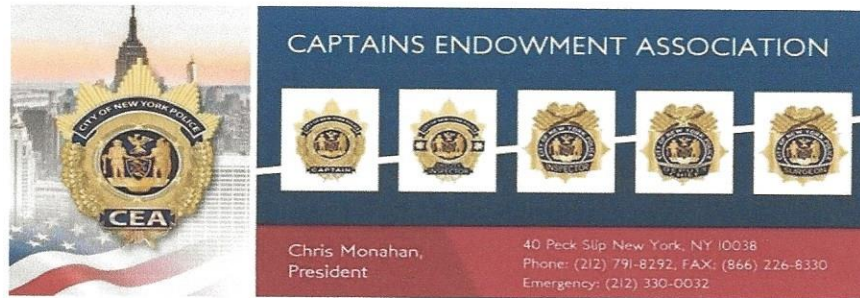
This information is provided as a courtesy to Police Pension Fund members and is based on the Fund's current understanding of the law, but does not constitute tax advice and should not replace the advice of a qualified tax professional.

Note: Retirees should save their Quarterly Statement (for those with electronic deposit) or their monthly pension check stub, in order to document their premium deductions for any health insurance or long term care insurance, as required proof for the IRS, if asked. No other documentation will be provided by the Pension Fund. Please contact Marie Elena Brusco @ (212) 693-6058 for questions regarding this matter.

During the holiday season many people light candles in their homes. Please remember, never pour water on a burning candle. Water and wax do not mix. Watch this video to see the results of doing so: <https://video.search.yahoo.com/search/video?fr=ymyy-t&ei=UTF-8&p=water+and+wax+do+not+mix+video#id=1&vid=28df388242279fb3d812633c24f5a89f&action=click>



LINE ORGANIZATIONS



The next CEA meeting will be held on Wednesday December 8, 2021, 1800 hrs. at:
El Caribe
5945 Strickland Ave
Brooklyn, NY 11234



November 6, 2021

Dear Lieutenant:

As you may be aware, some of the City's municipal unions have signed a Memorandum of Understanding regarding vaccine mandates with the City. The Lieutenants Benevolent Association has not, and will not, sign the current Memorandum of Understanding (MOU) regarding the vaccine mandates.

Contained in the MOU is a clause stipulating that unvaccinated Members of the Service who file for retirement with the Police Pension Fund (those members who give their statutorily obligated 30 day notice informing the Department of their intention to separate from service) must sign an irrevocable waiver stating that he/she cannot rescind their retirement filing or "Pull their papers". The unvaccinated member, who files for retirement, must agree to never attempt to return to Active duty, even if they get vaccinated prior to their retirement date.

The Lieutenants Benevolent Association has been open to dialogue and negotiations with the City regarding COVID-19 issues throughout the pandemic. And we are still amenable to discussing issues impacting on our members regarding the pandemic. However, the inclusion of this irrevocable waiver stipulating that only "unvaccinated" Members of the Service who file for retirement may never return to service, even if they get the vaccine prior to separating from service, is completely unacceptable.

For the reasons I just mentioned, the LBA will not sign the current MOU with the City related to mandated vaccinations. The rights of the members of the LBA are paramount.

November 15, 2021

Dear Lieutenant:

The 2022 Medicare Part B Monthly premiums have been posted as well as the 2022 Medicare Annual Deductible.

Medicare Part B: The **standard monthly premium** for Medicare Part B enrollees for 2022 will be \$170.10; an increase of \$21.60 from \$148.50 in 2021.

The **annual deductible** for all Medicare Part B beneficiaries in 2022 will be \$233; an increase of \$30 from the annual deductible of \$203 in 2020.

Part B **monthly premiums are based on a person's income**. The income-related monthly adjustment amounts (IRMAA's) are listed on the following site: <https://www.medicare.gov/your-medicare-costs/part-b-costs>

Fraternally,
Lou Turco
President

LINE ORGANIZATIONS

LBA OFFICE
40 PECK SLIP
NEW YORK, NY 10038

Lieutenants Benevolent Association

FOR MORE INFORMATION (212) 330-0038
(212) 964-7500
lba@nypd-lba.org

CONTACT US

Login



November 30, 2021

Dear Lieutenant:

The November LBA Delegate and General Membership meeting was held at Antun's on Wednesday, November 24th, 2021. LBA President Lou Turco chaired the meeting and the following topics were discussed:

CONGRATULATIONS TO OUR RETIREES: At the meeting Lou presented Retirement Shields to the following recently retired Lieutenants:

Julien Antkies of the 100th Precinct. Julien retired after serving with the Department for over 31 years.

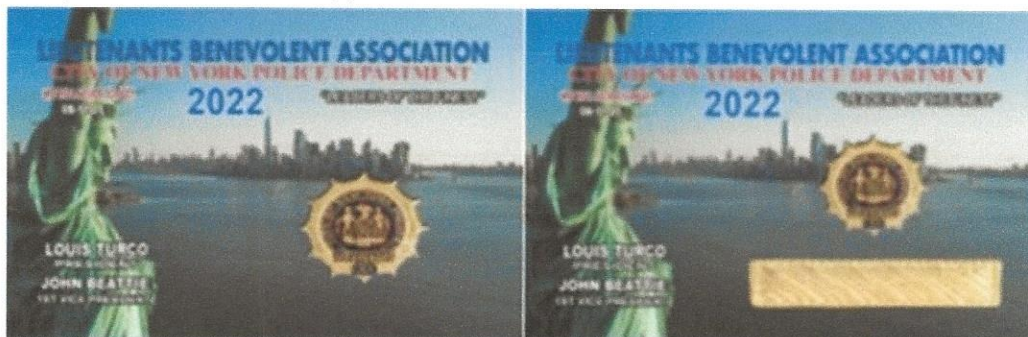
Michael Bach from TARU. Mike retired after serving 27 years with the Department.

Christina Gryzniec of Patrol Borough Queens North. Christina retired after serving with the Department for over 25 years.

ANNE DONNELLY (REP) WINS NASSAU COUNTY DISTRICT ATTORNEY RACE: Anne Donnelly, who spoke to our members at the October LBA Delegate and General Membership meeting, was the victor in the Nassau County District Attorney election. Anne was successful in beating her opponent, New York State Senator Todd Kaminsky. Kaminsky is one of the main authors of the "cashless bail" law. His law has forced judges to release 3,000 inmates who have gone on to commit 9,000 new crimes. Anne's victory exemplifies how voter turnout is key in these races.

ANNUAL UNIFORM ALLOWANCE TAX FREE: As I informed the membership at the October LBA meeting, as the result of prolonged negotiations with the City of New York, the Lieutenants Benevolent Association has secured a tax free Uniform Allowance. All Active Lieutenants will now be entitled to the entire \$1,100 Uniform Allowance "Tax Free". As of this writing, approximately 35 of our Active Lieutenants have not yet submitted the Uniform Allowance Form electronically via the LBA website. If you have not yet submitted the form, please log onto the LBA website at www.NYPD-LBA.org, click on FORMS in the upper left and then click on the Uniform Allowance Form. We anticipate sending out the checks the week of December 6th; checks will be sent to the member's home address on file.

DEPARTMENT'S VACCINE MANDATE: On Wednesday, November 11th, we were informed that the Office of Equity and Inclusion would begin issuing decisions regarding requests for Reasonable Accommodation and that these decisions will be sent to the applicant's e-mail address. If you submitted a request for a Reasonable Accommodation, please make sure to monitor your e-mails for a decision from Office of Equity and Inclusion. If you received an e-mail stating that your request for a Reasonable Accommodation has been denied, the notification should have also included the process to file an appeal. If applicable, we encourage those whose request is denied to file an appeal as directed in the notification.



2022 Personalized LBA Card Orders

The LBA is now accepting orders for 2022 Personalized LBA Card(s). The order form is on the LBA website: www.NYPD-LBA.org.

Due to an overall increase in the cost associated with the manufacturing, printing and shipping of the LBA Cards, the cost for each Personalized Card is \$2.00. Proceeds from the Personalized Card sales go to support the LBA Charitable and Scholarship Fund

LBA CALENDAR BOOKS: Historically, the LBA would mail out a Calendar Book to each Active, Retired and Life Member with the Annual Holiday Mailing. However, in recent years it has become apparent that more and more of our members no longer use a Calendar Book to track their overtime/appearances/appointments/ etc., but rather use their phones or some other electronic device to track these events. Therefore, we no longer include a calendar book with the Annual Holiday LBA membership mailing. If you still wish to receive an LBA calendar book simply call the LBA office at 212-964-7500 (Opton#2) and request a book be mailed to you.

Continued next page.....

LINE ORGANIZATIONS

CURRENT CCRB TOPICS/TRENDS: LBA 2ND Vice President Dennis Gannon informed the attendees that CCRB is currently focusing on investigating and enforcing the following issues:

Abuse of Authority – Failure to Provide Medical Attention to a Prisoner

To combat such complaints, we insist that our members ask EVERY prisoner if they want/require medical or psychiatric attention. Ensure that this request is recorded on Body Worn Camera (BWC) and a Command Log entry reflects the request, the response and the respective action if applicable. This procedure must be done for EVERY PRISONER.

Abuse of Authority – Removing a Person to the Hospital Against Their Will.

If there exists a need to remove an emotionally disturbed person (EDP) / prisoner to receive medical/psychiatric attention we urge our members to attempt to video the incident/behavior (if possible) leading up to such an action. We strongly encourage you to document the incident and include interviews with all witnesses, i.e. MOS and family members, and the mental state/actions of the person removed. CCRB is entertaining allegations of abuse of authority made by any person involuntarily removed to receive psychiatric attention.

Please ensure that you are thoroughly prepared for all CCRB hearings. The investigators at CCRB take their jobs seriously and look for any reason to bolster their case against a Subject/Witness officer. I cannot emphasize enough that you must adequately prepare before going to any CCRB hearing. This includes conferring with any officer(s) that may have already testified at CCRB on the same case, reviewing any pertinent body camera footage related to the case, and reviewing any pertinent documentation that may be associated with the case. Please prepare properly before appearing at a CCRB Hearing. Don't take these hearings lightly, because the investigators at CCRB are looking for any reason to strengthen their case against you.

THE LBA IS ON TWITTER: The Lieutenants Benevolent Association is now on Twitter. If you are not on Twitter, simply go to the App Store on your phone and download the app, create an account, and follow us at @LBANYPD. I want to thank LBA Recording Secretary Chris Cantelmi for monitoring and administering the LBA Twitter account. Chris has invested, and continues to invest, a substantial amount of time and effort in ensuring that the information posted by the LBA on Twitter is verified and accurate. Chris' efforts help maintain the integrity and credibility of what we post. Please feel free to send any ideas about postings to Chris, at CCantelmi@NYPD-LBA.org. We will continue to inform our members of topical matters by e-mail in addition to posting contemporaneous comments on Twitter. Please make sure to follow us on Twitter; encourage your friends a family to follow us as well.

Sergeants Benevolent Association

35 Worth Street
New York, NY 10013
Phone: (212) 226-2180



The Toughest Job in the World!

Vincent J. Vallelong
PRESIDENT

Edmund J. Small
VICE PRESIDENT

Dear Fellow Sergeant,

I understand that recent unfortunate events have been challenging and confusing on many levels. Since taking office, I have been very assertive in determining the overall condition of the SBA and making plans to move forward in a manner that in no way negatively impacts the membership.

As was stated in the email sent last week after the emergency delegates meeting, the Annuity and Health and Welfare Funds have not been compromised in any way and all member benefits are unaffected. While an outside independent accounting firm will conduct a thorough and transparent forensic accounting of our records, contract negotiations will continue as planned.

Myself, newly appointed Vice President Edmund Small, and the entire SBA board are committed to serving you in an honest, thorough, and transparent manner. We will leave no stone unturned in our search for the truth, regardless of where it leads. The SBA membership deserves nothing less.

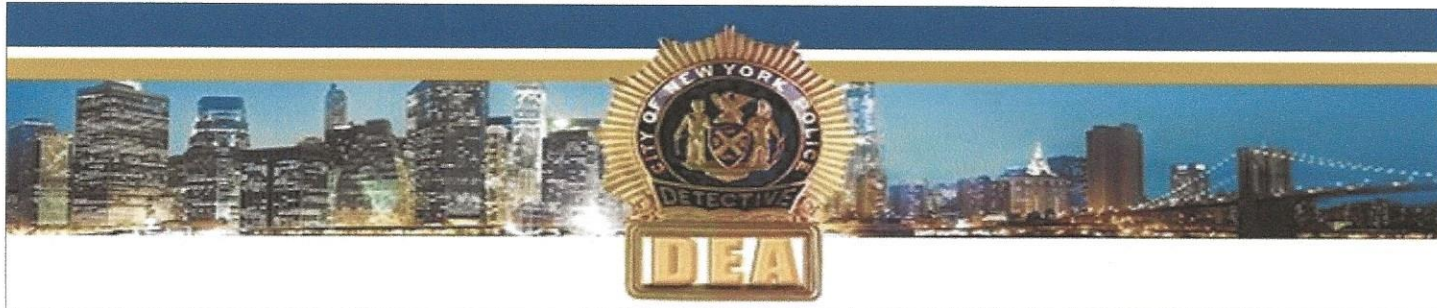
The coming weeks will be hectic, but we will keep you apprised of important developments as they occur. Thank you very much for your support during this difficult time.

Fraternally,

Vincent J. Vallelong

Vincent J. Vallelong
President
Sergeants Benevolent Association

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 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



2022 DEA Cards for Sale

Beginning today, Monday, November 29th, the 2022 DEA cards are for sale at the DEA headquarters building at 26 Thomas Street, New York, NY 10007 in lower Manhattan.

Retirees' member cards and calendar books will be mailed out starting December 15th.

At the union headquarters building at 26 Thomas Street, the DEA also has a wide array of items — such as tee shirts, patches, key chains, coffee mugs, and pins — emblazoned with the union logo and gold Detective's shield. Proceeds from the sale of union items go to the DEA's Widows' & Children's Fund, so consider making the union your stop for shopping for "stocking stuffers" for the upcoming holiday season!

P.C. Richard & Son Is Available For DEA Members

If you're in need of a critical appliance or household goods — such as a refrigerator, stove, mattress, television, computer, portable electronics, and much more — please know that P.C. Richard & Son can service our DEA members' needs, and they have terrific holiday offers for police!

This family owned and operated business is a reliable retailer dealing in essential household goods. Joe Morrone, the Director of Sales at P.C. Richard & Son, will provide our DEA members with great service at affordable prices. His sales team is always ready and able to deliver product.

All store managers are currently available to service our needs.

Store hours vary per day and location.

Curbside pickup available at stores.

Curbside delivery, **inside delivery, and/or installation** is also available for you.

Feel free to email Joe Morrone directly for any help you may need making a purchase from P.C. Richard at Joe.morrone@pcrichard.com You can also call his cell phone at (516) 984-6693.

Call stores for updated information about hours, pick up, shopping, or delivery. Make your holiday a great one at P.C. Richard & Son.

LINE ORGANIZATIONS

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

PBA UPDATE

www.nycpba.org

Patrick J. Lynch President



November 26, 2021

"We need to have a reset" says Pat Lynch

As Officer Alejandra Jacobs leaves the hospital after getting shot in the Bronx, Pat Lynch says: "We need to have a reset in the next administration: let's look at everything, let's fix the problem." Reports on **Fox 5 News**, <http://www.nycpba.org/news-items/fox-5-news/2021/officer-alejandra-jacobs-leaves-hospital-after-being-shot-we-need-to-have-a-reset-in-the-next-administration-says-lynch/>

November 25, 2021

2 Officers shot in the Bronx: Lynch says the problem is perps aren't afraid to carry guns

News coverage of the shooting of two cops in the Bronx on **New York 1**, <http://www.nycpba.org/news-items/new-york-1/2021/2-officers-shot-in-the-bronx-lynch-says-the-problem-is-perps-arent-afraid-to-carry-guns/>

PRESS RELEASE
November 24, 2021

LYNCH ON DISTURBING VIDEO: "WE NEED YOUR HELP"

A video circulating online <https://www.dropbox.com/s/oa1rqpl92ca7ifv/Video%20Nov%2024%2C%2010%2009%2017%20AM.mov?dl=0> shows a New York City police officer in a physical struggle inside a store. The incident occurred in Brooklyn on Tuesday.

PBA President Patrick J. Lynch said: "This video is incredibly disturbing. We have a police officer in distress, and nobody helps him. Is this the city we want? Has this become normal? It has to stop. We need your help. We need your help on the street, and we need your help to force our reckless elected officials to do their job."

November 24, 2021

Amid "public safety disaster on our streets," Pat Lynch calls upcoming contract arbitration an "emergency"

The PBA president is quoted in **the Chief**: <http://www.nycpba.org/news-items/chief/2021/pba-bid-to-top-wage-pattern-in-arbitration-will-begin-nov-30/>

"This arbitration is about a problem that has been holding our city back for 30 years: New York City simply does not pay its police officers a competitive wage. The NYPD's recruitment, retention and ability to fulfill its public-safety mission all suffer as a result... But while the basic problem is not new, it has grave implications for this particular moment in history. We are facing an existential crisis in the NYPD and a public-safety disaster on our streets. This is no run-of-the-mill labor dispute. It is an emergency, and we hope the arbitration panel will treat it as such."

November 21, 2021

Pat Lynch says he's not surprised that survey shows more than half NYPD cops regret having joined

The PBA president is quoted in the **NY Post**, <http://www.nycpba.org/news-items/post/2021/survey-says-more-than-half-nypd-wishes-they-never-joined-the-force/>

"New York City police officers are well past our breaking point, and Mayor de Blasio and the outgoing City Council are still piling on with policies that punish cops and erode public safety. The intolerable environment and our substandard pay has every cop looking to get out as soon as they can. Our new leaders have a real mess to clean up. They need to start by supporting the beleaguered cops on the street."

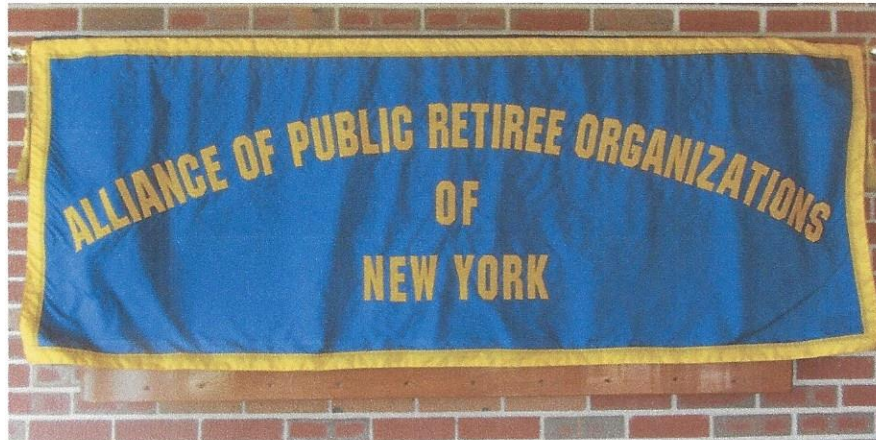
November 14, 2021

As NYPD cops find greener pastures in departments as far away as Florida, Pat Lynch points out that they can also do much better much closer to home

The PBA president is quoted in the **NY Post**: <http://www.nycpba.org/news-items/post/2021/cops-find-respect-warm-welcome-more-money-in-florida/>

"They don't even need to go all the way to Florida. There are many better-paying police departments in and around NYC, and they're hiring. We certainly don't blame anybody for leaving. But New York City needs to wake up."

ALLIANCE OF PUBLIC RETIREE ORGANIZATIONS OF NEW YORK



RPA LEGISLATIVE CORNER REPORT: August / September 2021

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**

**S-5835-2019 / COLA Bill (raise base calculation from 18K to 21K) / Senator Breslin
Requested to be re-submitted**

**A-7413-2019 / COLA Bill (raise base calculation from 18K to 21K) / Assemblyman Steck
Requested to be re-submitted**

HEALTH AND WELFARE

Medicare retirees remember to save your Social Security 1099 form for 2021 that you will receive in January 2022 to compare to your 2021 Medicare reimbursement that you will receive in April 2022.

NYC Health Benefits Program

Questions about your IRMAA or Medicare Part B Reimbursements?

Medicare Part B 2020 reimbursements were issued in April 2021. Please check your bank account/statement (or the mail, if you are receiving a physical check) for your payment. If you already submitted your Medicare Part A & B card to the Health Benefits Program, this payment is automatic and you will receive it annually.

Medicare Part B 2019 differential reimbursements were issued in March 2021. Please check your bank account/statement (or the mail, if you are receiving a physical check) for your payment. For those retirees/eligible dependents who are not eligible for IRMAA, Medicare Part B 2019 differential payments up to \$318 will be issued once the Medicare Part B and IRMAA payments are processed in calendar year 2020.

Those retirees/eligible dependents who are eligible for 2019 Medicare Part B differential reimbursements must submit the Medicare Part B 2019 Reimbursement Differential Request Form, along with required documentation.

Please submit this form, along with all required documents, electronically to: <https://nyemployeebenefits.leapfile.net>

IRMAA 2020 reimbursements will be issued in October 2021.

If you are currently receiving your pension check through Electronic Fund Transfer (EFT) or direct deposit, your reimbursement will be deposited directly into your bank account. This is separate from your pension payment. If you don't have EFT or direct deposit, you should receive a check in the mail.

Please submit the IRMAA 2020 Reimbursement Application, along with all required documents, electronically to: <https://nyemployeebenefits.leapfile.net>

IRMAA 2019 reimbursements were issued during October and November 2020. Please check your bank account/statement (or the mail, if you are receiving a physical check) for your payment.

If you are currently receiving your pension check through Electronic Fund Transfer (EFT) or direct deposit, your reimbursement was deposited directly into your bank account. This is separate from your pension payment. If you don't have EFT or direct deposit, you should have received a check in the mail.

If you did not receive your IRMAA reimbursement by December 1, 2020 or if you did receive the reimbursement and you believe the amount is incorrect, you must resubmit the IRMAA 2019 Reimbursement Application.

Please submit this application, along with all required documents, electronically to: <https://nyemployeebenefits.leapfile.net>

IRMAA 2019 Differential payments were issued at the end of November 2020.

For those retirees/eligible dependents of a retiree with a Medicare Part B effective date prior to 2016, they received an additional amount up to \$318.

Medicare Part B Reimbursement

The City will reimburse retirees and their eligible dependents for Medicare Part B premiums paid, excluding any penalties. You must be receiving a City pension check and be enrolled as the contract holder for City health benefits in order to receive reimbursement for Part B premiums.

For most retirees, the refund is issued automatically by the Health Benefits Program. If you are currently receiving your pension check through Electronic Fund Transfer (EFT) or direct deposit, your reimbursement will be deposited directly into your bank account. This will be separate from your pension payment. If you don't have EFT or direct deposit, you will receive a check in the mail in June.

The reimbursement amount is based on the standard Medicare Part B premiums. If your Medicare Part B reimbursement amount was less than what you paid in Medicare Part B premiums, excluding penalties, you may be eligible for a Medicare Part B Differential reimbursement. To receive the differential reimbursement, please complete the Medicare Part B Differential Request form (below).

If you were eligible for Medicare Part B Reimbursement for prior years but did not enroll by providing a copy of your Medicare card, reimbursement is limited to the previous three (3) calendar years. To enroll, please complete the Medicare Part B Reimbursement Program Application.

Learn More about Medicare Part B Reimbursement: <https://www1.nyc.gov/assets/olr/downloads/pdf/health/faq-medicare-part-b.pdf>

Medicare Part B Reimbursement Program Application: <https://www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf>

IRMAA Medicare Part B Reimbursement

If you paid more than the standard monthly reimbursement rate for Medicare Part B, as an Income Related Monthly Adjustment Amount (IRMAA), you may be eligible for additional reimbursement. **If you submit the required documentation for Medicare Part B IRMAA reimbursement, your reimbursement will be deposited directly into your bank account.**

Learn More about IRMAA Medicare Part B Reimbursement: <https://www1.nyc.gov/assets/olr/downloads/pdf/health/faq-irmaa.pdf>

Peter Abbott
Financial Advisor

Edward Jones
MAKING SENSE OF INVESTING



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Whatever the occasion or Holiday, nothing expresses your feelings quite like fine Jewelry. Tony and Liz Maggio and staff offer the best selection, lowest prices and service you can trust. Let us help choose an unforgettable gift of lasting value.

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Manasota 10-13 Club

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

Anthony "Tony" Marone

President
tjmarone@verizon.net

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Manasota 1013® News

Protecting, preserving and pursuing the rights of the New York City Police Department Retiree