



# Manasota 10-13 News

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

## PRESIDENT

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

## VICE PRESIDENT

Lee Reeves  
941-232-2745  
[nynd10.13@aol.com](mailto:nynd10.13@aol.com)

## TREASURER

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

## SECRETARY

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

## Sgt-At- Arms/ Quartermaster

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

## Health - Welfare Officer

Len Salerno  
646-302-1849 Cell  
[Lsai11@aol.com](mailto:Lsai11@aol.com)

## IMMEDIATE PAST PRESIDENT

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

## CLUB HISTORIAN

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

## 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

## THE NEXT MEETING

February 2022 ISSUE

TUESDAY, FEBRUARY 8th 2022, 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 a Happy Valentine's Day. We will be starting off the New Year with Mad Dogs Hot Dogs & trimmings at the February 8th Meeting, Food served 6:00 PM, meeting starts at 7:00 PM.

There has 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 at least until 3/01/22. The latest info from the attorney is in this newsletter. The Club's Health & Welfare Officer Len Salerno & assistant Madeline will have the latest details in the Health & Welfare report.

This injunction allows NYPD retirees additional time to opt-out of the new MAP plan to join another plan or keep your existing health plan. I have been recommending the AETNA Medicare plan at \$20.00 per person per month. No deductible nor co-pays. I'll have the necessary forms at the meeting. Also, the forms are in this newsletter. This benefit includes LOD widows as well.

\$30.00 dues are due by 2/28/22 to receive your new 10-13 collar pin. Death of immediate past President, Suncoast 10-13 Club, Geno Gentile on 1/21, info in Newsletter,

Be safe, stay well,

Fraternally, Tony.





# Manasota 10-13 Club®

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

**HAPPY VALENTINE'S DAY !**

## MANASOTA 10-13 CLUB AGENDA FOR FEBRUARY 8, 2022 MEETING

MEETING HELD AT THE FOP MEMORIAL LODGE #3 – 6 PM FRANKS & BEANS, etc.

- 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 – Scholarship raffle tickets – **SOLD OUT**, 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
  - 10-13 Club College scholarship application and instructions found in this newsletter.
  - HANDGUN. Drawing held at next President's Quarterly meeting February, 12, 2022 & other gun raffles will continue on a quarterly basis throughout 2022. New raffle tickets will be on sale in March.

- **DUES for 2022 are due.** Still only \$30.00. See Joe Timmons at meeting or mail to Mr. Joe Timmons, 315 Chantilly Trail, Bradenton, FL 34212. **Free** Manasota 10-13 collar pin with timely dues payment.
  - Latest Medicare Change and related information. Awaiting the Court's decision and new City Mayor's input.
  - The Newly designed Manasota 10-13 Club's Website has been established, check it out, [www.10-13Manasota.com](http://www.10-13Manasota.com). Club pictures will be added under the new photo section.
  - **WANTED** Club Newsletter Editor-in-Chief. Tony will assist with info for Newsletter.
  - Appointment of area 10-13 Delegates to assist the Board & Club Members with various tasks & information. Areas of coverage include Sarasota, Manatee & Charlotte Counties.
- **Good of the Order**
    - Comments & suggestions from the membership/items to be added. (Attendees).
    - 50/50 winners announced at end of meeting.
  - **Sick & Distressed**
    - Sympathies go out to the Family, Suncoast 10-13 Club Members & Friends of long time Suncoast 10-13 Club President, Gene Gentile passing on January 21, 2022.
    - 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 MINUTES JANUARY 11TH, 2022

### **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 7:08 pm.

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

Pledge and prayer were led by Lee Reeves.

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 - Excused

18 additional members were in attendance.

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

Andy Herr made a motion to waive the reading of the minutes from the last meeting and was 2nd by Henrietta Lange, approved.

### **GUEST SPEAKERS:**

No guest speakers at this meeting.

### **IV. COMMITTEE REPORTS:**

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

**NEXT GENERAL MEETING IS TUESDAY, FEBRUARY 8TH, 2022**, Hot Dogs, Baked Beans, kraut & potato Salad. Food served at 6 PM, Gavel 7 PM.

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 \$11.00 a month. It was posted in our newsletter as well. This past December we contributed our usual donation of \$1,013.00 & rounded it up by passing the hat to \$1,200.00, thereby qualifying for our donation to triple to approximately \$3,600.00 from tunnel to towers supporters thru matching contributions.

We are looking to start up the Breakfast get togethers at various Country Clubs as well as the Dine-Around where we will go to different restaurants in Manatee and Sarasota counties. A possible dinner cruise again on the Marina Jack II, we would need a group of 20+ more to receive the group discount. Also would like to plan an after Holiday Dinner Dance, 1/2023 but we need a minimum of 60 people.

I would like to have a Board meeting on this at a later date as the club is growing and we are in need of a Sarasota Trustee/Delegate and a Manatee Trustee/Delegate to help run the Club with outings, picnic or a boat ride, or any other events, we are looking for help with volunteers. They can field possible questions via phone for meetings, medical insurance, & event information, etc. We do cover a large area of four counties. If we have volunteers who could help clean up, set up meetings and answer questions for the Club, it would be most helpful. We need volunteers to help clean up the FOP building that we use for our meetings, so the plastic bags of garbage need to be taken out every time we are here. So if people can stay after the meetings to help with clean up and if volunteers could come early to the meetings to help set up.

Our picnic is scheduled for **April 24th, 2022** and we need a committee to help organize everything needed for the event. It will be at the pavilion on the North Jetty of the South end of Casey Keys. We have it rented from 10am until 3pm. It will be catered by Mad Dog Hot Dogs. The picnic will be \$10.00 per person and kids 12 and under are free. If you know you're going please let our treasurer Joe Timmons for our head count and you can also pre-pay too. Refund gladly returned for cancelations.

**DUES ARE DUE:** Please pay your dues to our Treasurer Joe Timmons before February 28th, 2022 at a rate of **\$30.00** and after that date the dues go up to **\$40.00**. You can also mail the dues in to **Joe Timmons at 315 Chantilly Trail, Bradenton, FL 34212. PAY EARLY, RECEIVE DISCOUNT.**

Please check the meeting date list for 2022. We will hold two (2) Monday meetings for those who stated they can't make our usual Tuesday meetings. **These two (2) Monday meetings will be on March 7th, 2022 and also on October 10th, 2022.**

### **HEALTH & WELFARE REPORT:**

Lenny and Madeline Salerno have been working on Medicare issues with the City. **The extended opt out for GHI/Emblem Health Medicare Senior Care is March 31st, 2022 and Aetna is on February 28th, 2022**, which was recently decided by the Judge to extend the injunction. This injunction is costing the City \$50 Million dollars a month and saving the retirees approximately \$50 Million dollars a month.

The NY City Office of Labor Relations (OLR) is sending out a packet that has a pay scale on them, so on January 1st, 2022 the GHI/Emblem Health Medicare Senior Care plan will be having deductibles for almost every diagnostic, MD or specialist. Steve Cohen ESQ., is now drawing a letter to the city attorneys disputing that and that the judge had ruled everything should stay "Status Quo" meaning nothing changes, as well as he has filed an Article 78 hearing and it was approved. This delay to the city costs them 50 million dollars a month. The FaceBook page and website for **New York City Organization of Public Service Retirees, Inc., [www.NYCRetirees.org](http://www.NYCRetirees.org) has now about 12k members and have raised \$425,000 to date**, but as you know lawyer's fees this amount be depleted quickly.. So if you or any of your friends can donate \$10.00, \$20.00 or anything you can will help us in this lawsuit. Please spread the word to anyone you know who are retired and effects them now or will effect because there are still people who don't know or don't understand the implications with this lawsuit.

The Unions are not putting out valid information or accurate nor are the insurance companies either. Aetna has sent out new ID cards and please let your doctors know of your new information and take a copy of the new card. If you have any problems with Aetna you can call Sabrina DeGuzman Simmons at 703-531-7614 (if you call this number please let her know that Tony Marone gave it to you) and email [WWW.SimmonsS@Aetna.com](mailto:WWW.SimmonsS@Aetna.com) and her information is found in our newsletter.

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

Joe Timmons reports that our bank account has \$5582.00 and \$336.00 in petty cash, 1st motion Tony Maggio and 2nd by Humberto Rivera, motion approved.

**Joe is actively collecting \$30.00 dues for 2022. Mail dues to 3125 Chantilly Trail, Bradenton, FL. 34212. Dues are due deadline 2/28/2022 to avoid the late fee and take advantage of the discount of \$10.00 by March 1<sup>st</sup>, renewal dues are \$40.00.**

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

- A. Membership applications are in the newsletter and on the website [www.10-13Manasota.com](http://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 get the benefit of receiving them through the mail. As of now the COVID-19 has caused delays.
- E. To place a business card AD in the 10-13 Newsletter for the calendar year 2022, please make a check out to the Manasota 10-13 Club, mail actual business card and check 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 in February 12<sup>th</sup>, 2022. These ticket will be sold at each meeting and a winner pulled at the quarterly President's meeting. WE SOLD ALL THE TICKETS for this quarter. THANKS TO ALL WHO HAVE PARTICIPATED 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](http://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. Tony will assist with whatever is needed.

#### **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 \$20.00 to Thomas DeMange, 2nd prize of \$15.00 to Steve Iannone, and 3rd prize of \$10.00 to Humberto Rivera, 4th prize a Pizza to Reenie Ram.
- 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 Pizza Dinner for the 10-13 meeting tonight.

#### **IX. ADJOURNMENT:**

- M. Motion for adjournment by 1st James Smith and 2nd by Andy Herr, meeting adjourned at 8:12 pm.

## BIRTHDAYS & ANNIVERSARIES

### MEMBERS

1/05<sup>TH</sup> DENNIS McMAHON

1/05<sup>TH</sup> VIC ROHE

1/13<sup>TH</sup> GERALD GARAFALO

1/13<sup>TH</sup> JAMES MAURITZEN

1/19<sup>TH</sup> HENRIETTA LANGE

1/25<sup>TH</sup> LENNY GUTMANN

1/29<sup>TH</sup> WOODY SCHUESSLER

1/31<sup>ST</sup> CHRIS LUNDBERG

2/06<sup>th</sup> DONNA K-REYNOLDS

2/08<sup>TH</sup> DONALD GERVASI

2/08<sup>TH</sup> MANNING EDMONDS

2/13<sup>TH</sup> JOHN FERRITO

2/14<sup>TH</sup> KEVIN COSTELLO

2/14<sup>TH</sup> FRANK CICERELLO

2/15<sup>TH</sup> TIM VAN SCHULTZ

2/17<sup>TH</sup> PHILIP MANDZIK

2/19<sup>th</sup> RICHARD QUINN

2/21<sup>ST</sup> LES FEUER

2/21<sup>ST</sup> NIKOLAS MARKRINIKOLAS

2/27<sup>TH</sup> STAN PLANTY

### SPOUSE

1/03<sup>RD</sup> KERRY MAZZELLA

1/05<sup>TH</sup> MIMI BONARTI

1/07<sup>TH</sup> LUZ MALLOY

1/10<sup>TH</sup> NEVILLE CHIN

## BOOSTER DONATIONS - 2021

1/16<sup>TH</sup> DESIRAY LASCHKE

1/20<sup>TH</sup> SUZANNE SINGLETON

1/20<sup>TH</sup> CONNIE TIMMONS

1/20<sup>TH</sup> SIEW PHIEW MORAN

1/23<sup>RD</sup> DIANA PAGLIONE

1/25<sup>TH</sup> MILDRED SARDONE

1/27<sup>TH</sup> JOANNE LaGOIS

2/15<sup>TH</sup> MADELINE BRAJUHA

2/16<sup>TH</sup> TESHIA LUNDBERG

2/17<sup>TH</sup> PIA REX

2/26<sup>TH</sup> ROSE SCANTLEBURY

**WILLIAM GIGANTI - \$100.00**

**WALLY TRAVIS - \$60.00**

**ANDY KING - \$50.00**

**ARNIE RING - \$25.00**

## ANNIVERSARIES

1/01<sup>ST</sup> ROBERT/ SIEWPHIEW MORAN

1/14<sup>TH</sup> AL & MARILYN SMOLINSKY

1/19<sup>TH</sup> ANDREW & MICHELLE HERR

1/25<sup>TH</sup> LANCE & BARBARA EISENGER

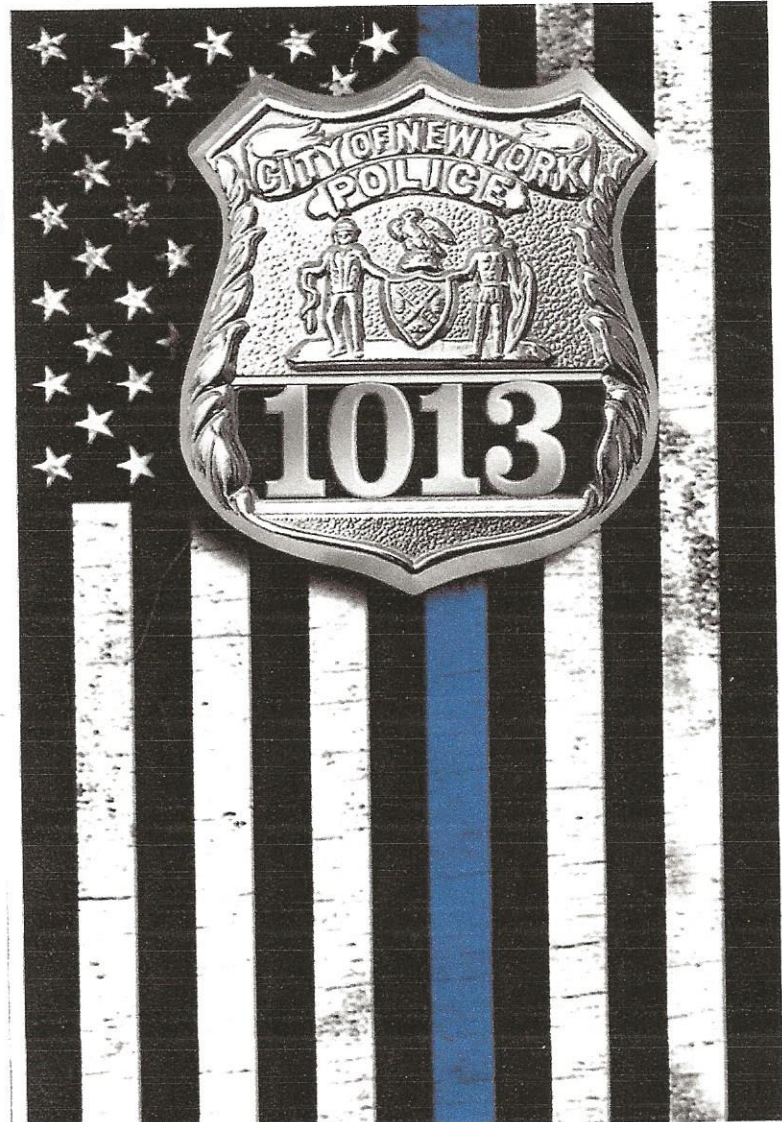
2/09<sup>TH</sup> CHRIS & TESHIA LUNDBERG

2/14<sup>TH</sup> DONNA & JOHN WENZEL

2/15<sup>TH</sup> ALAN/ENCARNACIAN CASTRO

2/19<sup>TH</sup> ED & LUZ MALLOY

2/20<sup>TH</sup> SAL & MADELINE BRAJUHA





## MANASOTA 10-13 CLUB MEETING DATES 2022

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

- MON. 3/07, FOOD 6 PM, GAVEL 7 PM, ROAST BEEF & SIDES, \$10.PP, CATERED BY DER DUTCHMAN.
- SUNDAY, 4/24, PICNIC 11AM FRANKS, BURGERS, SAUSAGES, SALADS & BEVERGES, \$10.PP. 12 YOA & UNDER - NO CHARGE.

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

TUESDAY, 6/14/2022, FOOD 6 PM, GAVEL 7 PM, SAUSAGE, PEPPERS & ONIONS, MACARONI SALAD & COLE SLAW.

NO MEETING HELD IN JULY.

NO MEETING HELD IN AUGUST.

TUESDAY, 9/13/2022, FOOD, 6 PM, GAVEL 7 PM, BRATS, COLE SLAW, PATATO SALAD OR RED CABBAGE.

- MON. 10/10, FOOD 6 PM, GAVEL 7 PM, BAKED ZITI & MEAT BALLS CATERED BY VALENTINOS.

TUESDAY 11/15, FOOD 6 PM, GAVEL 7:30 PM, TURKEY/TRIMMINGS \$10.PP, CATERED BY DER DUTCHMAN.

TUESDAY 12/20, FOOD 6 PM, GAVEL 7:30 PM, HAM & TRIMMINGS \$10.PP. CATERED BY DER DUTCHMAN.

\* DATES ARE TENTATIVE AND FOOD SELECTION MAY VARY.

- NOTE: 2 MONDAY DATES- THOSE WHO CANNOT ATTEND TUESDAY



**NYAmer 10-13 Associations**

1000 Galleon Street  
Port St. John, FL 32927

2022

**Scholarship  
Application**

**Personal Information**

First Name _____	M.I. _____	Last Name _____	Social Security Number _____	Phone Number _____
Street Address _____		City _____	State _____	Zip Code _____
Month - Day -Year- of Birth ____/____/____		Male____ Female____		

**Sponsor Information**

First Name _____	M.I. _____	Last Name _____	Phone Number _____	10-13 club affiliation _____
Date Retired From NYPD ____/____/____		Tax Registry Number _____ E-mail address _____		

**Education Information**

High School Presently Attending	College/University Planning to Attend
School Name _____ Contact Name _____ Phone# _____ Grade Point Average (Weighted) _____ (Un-weighted) _____ SAT Score (Math) ____ + (Critical Reading/Writing) ____ = ____ <b>max1600</b> ACT Composite Score (____) <b>max36</b> You must provide proof of the above scores. You may do so through any Official Record made available to you by the high school you are currently attending. Date of Graduation ____/____/____	School Name _____ Contact Name _____ Phone# _____ Address _____ Date of First Semester ____/____/____ <div style="background-color: yellow; padding: 5px;">             For Office Use Only: Scholarship Application # Assigned— <input style="width: 50px;" type="text"/>              Reviewer _____              Approved and Forwarded to Trustees for Scoring: <input style="width: 50px;" type="text"/>              Disapproved and Reason Why: _____           </div>

**Certification**

I certify that to the best of my knowledge, the information provided in this application is the most current and correct. I have completed this application with the understanding that this application and the information provided is now the property of the "Foundation."

Applicants Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sponsors Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Subscribed and Sworn to Before Me this _____ Day of _____, 20____ _____ Seal
---

How did you hear about the NYAmer 10-13 Scholarship and, how are you related to the retiree sponsoring this application?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Please add your e-mail address \_\_\_\_\_

## NYAmer 10-13 Associations

### Instruction sheet for the scholarship applications

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#### Eligibility

The Scholarship Program is open to any and all family members of NYPD Retirees who are members in good standing of any 10-13 club associated with the New York 10-13 Associations of America, Inc., including their adopted children. All applicants must be entering their first year of college. Applications must be completely filled out to the best of ability, sponsored and notarized. All applications must be submitted and received, or post marked on or before July 15th of the current year.

#### Personal Information

1. Your full name, social security number, and telephone number.
2. Your street address, city, state, and zip code.
3. Date of Birth and gender.

#### Sponsor Information

This section is to be completely filled out by the Retired NYPD Officer, who is sponsoring your application.

#### Education Information

##### School presently attending

1. The name of the high school you are presently attending.
2. A contact name at the school and their telephone number.
3. Your grade point average (GPA), weighted and un-weighted.
4. Your State Aptitude Scores (SAT), FCAT, ACT, etc.
5. You must provide proof of the above scores. You may do so through any Official Record made available to you by the high school you are currently attending.
6. The date you are scheduled to graduate.

##### School Planning to attend (this must be provided)

1. The name of the school you are planning to attend, with the address.
2. Contact name at the school and their telephone number.
3. What is the start date of your first semester?

#### Certification

The application must be signed by both you and your sponsor, and **your signature must be notarized** that all the information provided is true to the best of your knowledge. If further information is required you may be contacted by one of our trustees.

#### Additional Information

Once you have completed your application, send it to: NYAmer 10-13 Association - C/O Alfred Boettjer, C.O.O. 1000 Galleon Street Port St. John Fl 32927. You have the right to submit any additional and supporting information you feel may be helpful, with the understanding that all items submitted become the property of the "Association" and will not be returned. All supporting information must be verifiable, that which is not will have any value. All applications will be graded by the TRUSTEES based on scholastic achievements and community involvement which is voluntary and not specifically required by the school for graduation. Arrangements for the award will be made through the educational facility and in accordance with their guidelines. If you should need to contact the "Association", you can do so at the above address or [send an email to alcoastalpba@aol.com](mailto:alcoastalpba@aol.com)

There are five scholarships, valued at \$1,000 each, being awarded for the highest scoring applicants - regardless of gender. Each applicant is eligible for one of the five scholarships, if chosen.

We gratefully appreciate the submission of your application and wish you the best in your continued education.



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- Rich O'Brien
- Lee Reeves
- \* Joe Monteleone
- Richard Adier

\*Deceased

**MEMBERSHIP APPLICATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Mail check & copy of NYPD ID Card to Treasurer,**

**Joe Timmons**

**315 Chantilly Trail**

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# SPRING 3100

THE NYPD MAGAZINE | NYC.GOV/NYPD — VOL 84 | ISSUE 6 | 2021

## 9/11

20 Years Later

*We Will Never Forget*



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### THIS YEAR MARKS TWO DECADES SINCE THE TRAGIC EVENTS OF SEPTEMBER 11, 2001.

It was one of the worst days in American history, when we were painfully forced to say goodbye to so many of our loved ones, the heroes that made up our family, our friends, and our colleagues. The United States suffered a grave assault on the very fabric of American liberty and the values we hold so dear. On that day, 2,977 people were killed, and 23 of them were New York's Finest.

Forever bonded in our gratitude and love for these members of the service who made the ultimate sacrifice, as well as the hundreds more who have died from 9/11-related illnesses, we continue to ensure each story of selfless courage is told. This issue of Spring 3100 honors the heroes who were killed on that day, and the heroes that died in the months and years following the attacks.

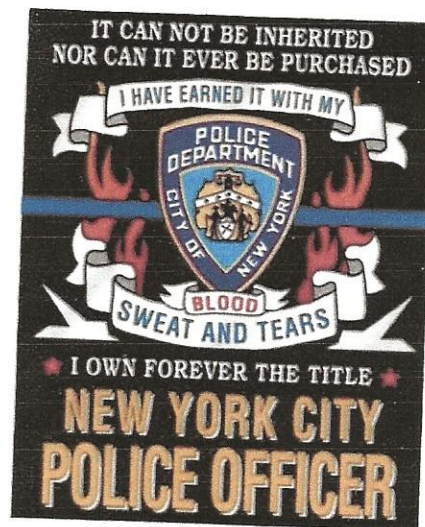
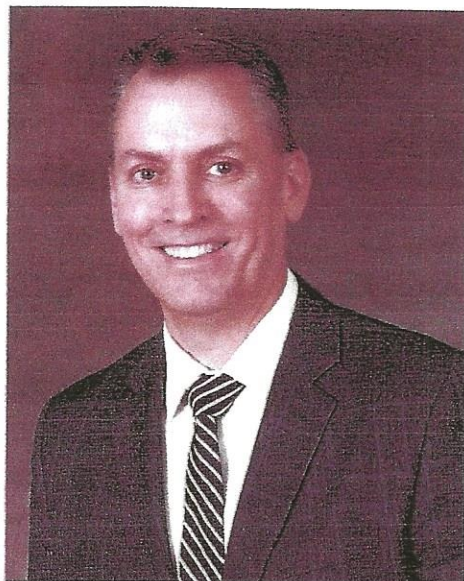
These past 20 years have demonstrated our Department's resolve to protect every New Yorker's way of life. Members of the NYPD work tirelessly—often without recognition. Since 9/11, some have gone to war, served overseas, and have come back home to continue serving and protecting the people of New York City.

Catapulted into the global war against terrorism, our Department has consistently met every challenge of keeping people safe head on. The NYPD strengthened its anti-terrorism operations, both internationally and domestically, with the creation of the Counterterrorism Division, the Critical Response Command, and the Joint Terrorist Task Force, each working seamlessly with federal partners. The Department has implemented widespread counterterrorism training, and has developed several innovative technologies that include the Lower Manhattan Security Initiative, the Terrorism Threat Analysis Group, the Domain Awareness System, and the World Trade Center Command. Each of them has revolutionized how we police.

In this issue, my staff and I worked painstakingly over the last several months, connecting and collaborating with 9/11 families, digging deep into archives and into the hearts of the next generation following in these heroes' footsteps. From heeding the sage advice of their parents, to graduating from high school and college, and many becoming members of the service themselves, the heroes that we lost live on in the brilliance and determination of their progeny, and all those influenced by their legacies.

Spring 3100 has been chronicling the NYPD's storied history for more than 90 years, and this is one of the most important issues ever published. September 11th was one of the darkest days not only for America, but for the Department. This special edition will ensure our solemn vow to never forget.

**Lt. E. James**  
*Editor-in-Chief*  
*Spring 3100*



## We will never forget.

**T**HERE IS NOT A MOMENT THAT GOES by when we're not reminded of that morning—and of everything we lost and continue to lose. And no amount of time that passes will make it any easier to understand, or to accept. Because September 11, 2001, was not something that just happened to us at some point in the past. It's something that is still happening to us, every day.

It changed our entire way of life—and it continues to prove to the world that we live among some truly special people. These were the men and women who ran toward the danger—against the sea of terrified people who were running away. And then they stayed—working tirelessly in the largest rescue, recovery, and salvage operation in American history. These people served as beacons on our nation's darkest day, and they reminded us that our way of life is worth fighting for.

All the stories of courage, heroism, and sacrifice from that day continue to motivate and inspire us—no matter how difficult things can be. We still have pain, we still feel loss—but we owe it to them and to ourselves to never stop moving forward. We do that by continuing the work of our colleagues, our family members, and our friends.

And of course, I'm not just referring to police work, firefighting, or other types of emergency responses. Nearly 3,000 innocent people died in those buildings and on those planes—and most were civilians. They were parents, children, husbands, and wives—each one of them with a unique vision of the world, working toward building lives for themselves and for their loved ones. So it's their work that we—those they left behind—must continue. And we will.

It's not easy—it will never be easy—but we learned a lot about

ourselves on September 11th, twenty years ago. We learned what we're capable of doing, what we're capable of surviving, and what we're capable of overcoming. And we learned that if we keep on fighting—we will never lose.

To all the families and friends of every 9/11 victim: We renew our pledge to cherish and uphold the legacies of your loved ones forever. They are a part of our history now—for all to see and remember—and they are a permanent part of the fabric of our city.

May God always bless the souls whose names cover our monuments and memorial walls. God bless the people who miss them. And may God bless the men and women who continue their brave work—in New York City and across the globe—protecting us and keeping us safe.

**Dermot Shea**  
*NYPD Commissioner*

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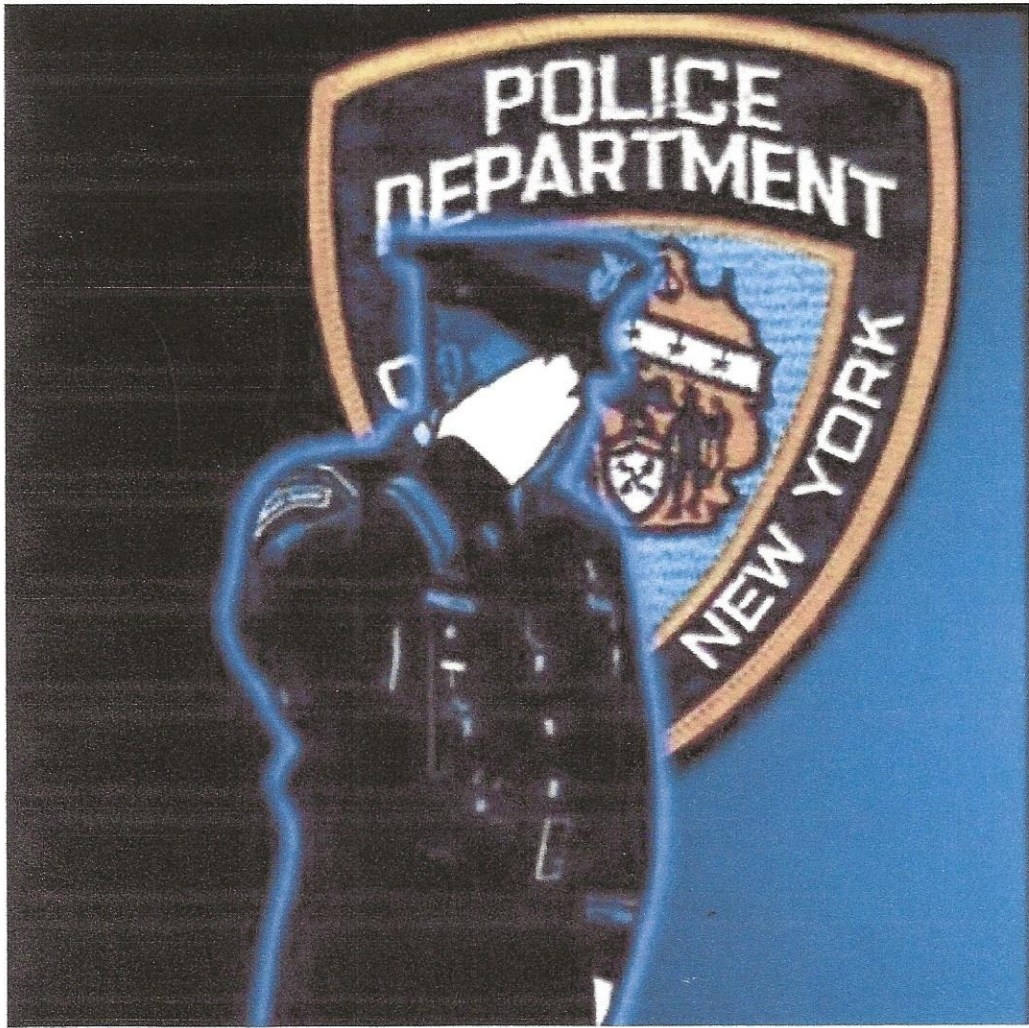
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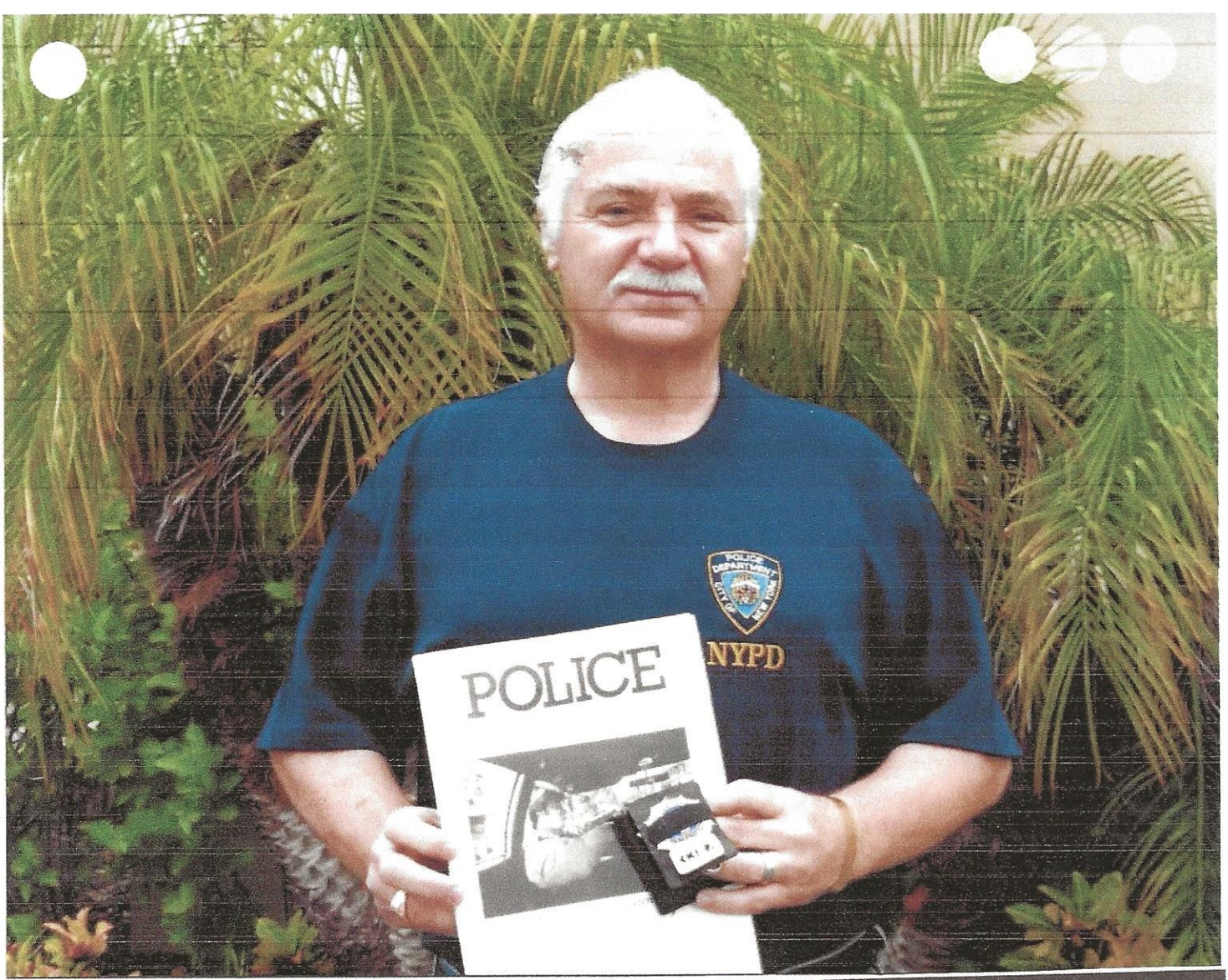
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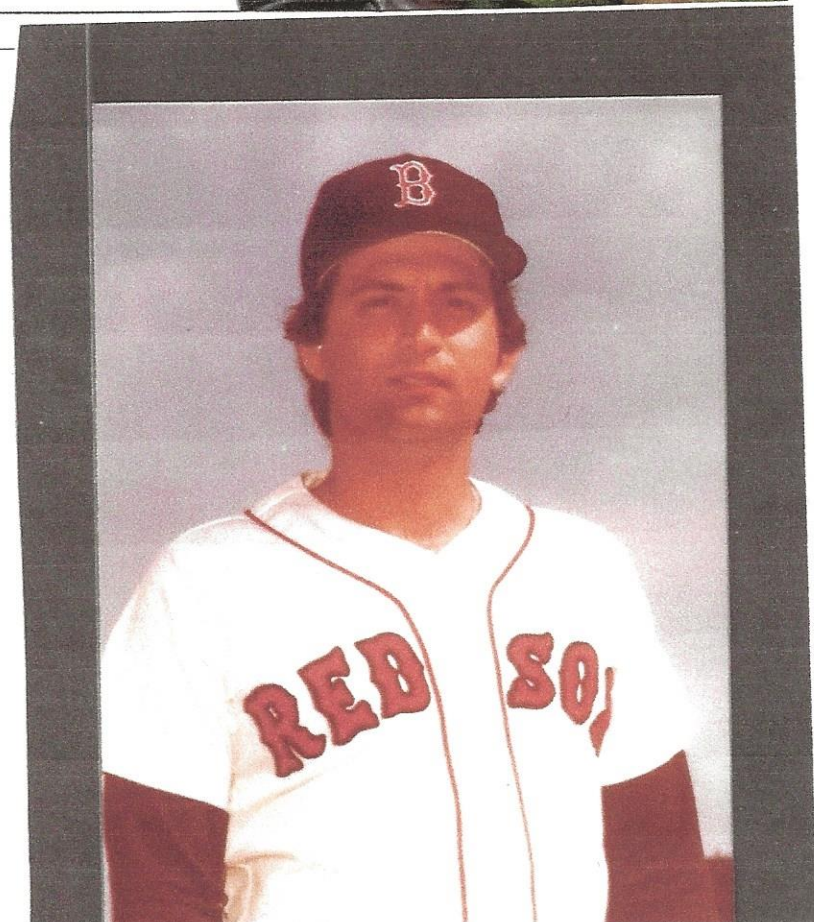
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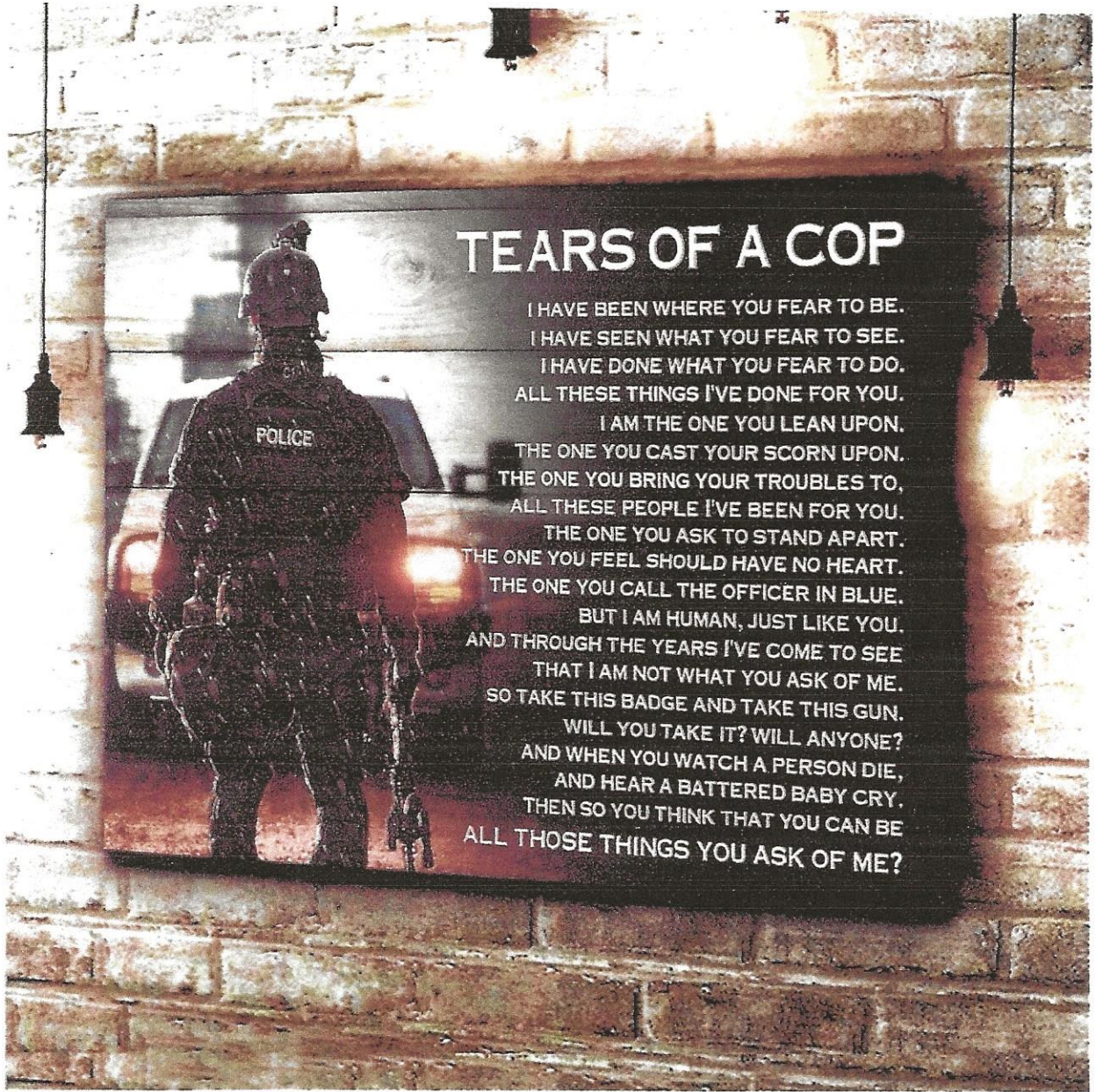




SAD NEWS TO REPORT.

The long time President of the Suncoast 10-13 Club passed away from an extended illness on January 21, 2022. Gene was an accomplished Baseball player and had a stint with the Boston Red Sox team. Gene retired as a Detective, moved to Florida and became involved with the Suncoast 10-13 Club rising to become its President. Gene was a true "10-13er" and dedicated to the retirees of his Suncoast 10-13 Club. Gene will be sorely missed. MAY GENE REST IN THE ETERNAL PEACE OF THE LORD.





## TEARS OF A COP

I HAVE BEEN WHERE YOU FEAR TO BE.  
I HAVE SEEN WHAT YOU FEAR TO SEE.  
I HAVE DONE WHAT YOU FEAR TO DO.  
ALL THESE THINGS I'VE DONE FOR YOU.  
I AM THE ONE YOU LEAN UPON.  
THE ONE YOU CAST YOUR SCORN UPON.  
THE ONE YOU BRING YOUR TROUBLES TO,  
ALL THESE PEOPLE I'VE BEEN FOR YOU.  
THE ONE YOU ASK TO STAND APART.  
THE ONE YOU FEEL SHOULD HAVE NO HEART.  
THE ONE YOU CALL THE OFFICER IN BLUE.  
BUT I AM HUMAN, JUST LIKE YOU.  
AND THROUGH THE YEARS I'VE COME TO SEE  
THAT I AM NOT WHAT YOU ASK OF ME.  
SO TAKE THIS BADGE AND TAKE THIS GUN.  
WILL YOU TAKE IT? WILL ANYONE?  
AND WHEN YOU WATCH A PERSON DIE,  
AND HEAR A BATTERED BABY CRY,  
THEN SO YOU THINK THAT YOU CAN BE  
ALL THOSE THINGS YOU ASK OF ME?



2022 COLA - C'MON GUYS - IT'S EASY !!

## If You Want a COLA Increase, YOU Have to Write or Email !

City Retirees,

<https://thousandpointsofright.blogspot.com/2021/12/you-want-cola-increase-you-have-to.html>

In 2000, WE were very lucky to get a COLA Bill passed, with the help of retired Teachers, Firemen, Police Officers and, of course, Carl McCall, who was the Comptroller and running for Governor.

Alas, Carl McCall worked so hard for the COLA, and expecting to be elected Governor.

There was NO HELP from the UFA, UFOA or PBA and as a matter of fact, those unions were responsible for lobbying against the amount that was proposed.

This was STATE Legislation and the City had to comply, even with the 'Catch-Up' part of the Legislation. The Unions lobbied both the the City and Legislators to decrease the original amount.

Why? In order for the City to provide the 'Catch-Up' money, they had to renegotiate the 'Loans' from the 1975 Crisis, in order to pay for the 'Catch-Up'. PERIOD.

The City was in fact responsible for the 'Catch-Up' and the Unions knew full well, it would break the City's Budget and leave the Active member scratching for increases they well deserved. That is why the Unions OPPOSED the original amount of the entire COLA Legislation.

Since 2000, the Unions have NEVER SUPPORTED, in their Legislative Agenda, an increase in the RETIREES' COLA. PERIOD.

There was a Bill, with little support, which raised the Base Pay from \$18,000.00 to \$35,000.00 and the CPI to full and not halved. NO SUPPORT from the UNIONS.

Then the Legislation, which is attached below, upped the \$18,000,00 base to **\$25,000.00**, but with OPPOSITION from OUR Former Unions. Let's make Albany Legislators responsible, as they follow the wishes of the City and Unions. Also, the

Legislators, who sponsor the Bills, are only teasing The Retiree, because they know the Legislation won't fly. PERIOD.

## In 2005 the Bills below were Sponsored by Sen. Marty Golden and Assemblyman Peter Abbate. Of Course, the Bills were never enacted.

[Click Below to Enlarge]

### COLA Adjustment Bills Introduced

Albany, New York, May 20, 2005 - Protecting public retirees from erosion of their retirement income due to inflation is the purpose of four bills that would adjust Cost of Living Adjustment (COLA) payment to retirees. (S4448/A7239, S4694/A7237, S4451/A7236, S4457/A7238)

Proposed by Senator Martin J. Golden (R-Brooklyn) and Assemblyman Peter J. Abbate, Jr., (D-Brooklyn), the bills attempt to combat rising medical costs like co-payments, premiums, and prescription drugs that have been rising at a rate in excess of the consumer price index (CPI). CPI, obtained from the United States Bureau of Labor Statistics, is one of the factors determining annual COLA payments.

The percentage of annual COLA increases would jump from 50 percent of the CPI to 100 percent of the CPI under one proposal put forth by Golden.

"Eligibility to receive more than 50 percent of the CPI is limited to those who retired before 1968, with 100 percent of CPI only available to those who retired prior to 1961," explained Golden. "Obviously we are talking about retirees of very advanced years and a very small number of the total number of retirees eligible to receive COLA. This bill adds only to those who retired prior to 1966, 38 years ago."

It has been four years since the cap on retirement benefits covered by COLA was increased and bumping the annual cap from \$18,000 to \$25,000 would address "the issue of gradual increase noted in governmental salaries and rising final average salaries," Golden said. "As incomes of active employees continue to rise to meet cost-of-living concerns, the caps placed on COLA covered benefits further erodes retirement income of those affected retirees."

Increasing the maximum percentage of the CPI for

COLA benefits from not more than three percent and not less than one percent of CPI to not more than five percent and not less than one percent of CPI is the focus of legislation described by Abbate.

"While the CPI has remained very modest since the enactment of COLA, other costs have had a significant impact on retiree security," Abbate said. "Recent federal amendments to the Medicare law, especially the prescription drug coverage, are likely to cause a significant increase in retired public employee health care costs. This modest increase in the maximum percentage of the CPI for COLA benefits will provide needed but modest protection for retirees in the event the CPI exceeds three percent."

Current law sets age eligibility for receiving COLA as age 62 and retired five years or age 55 and retired ten years, but Golden proposed revising age eligibility to age 55 and retired five years. Golden said, "Standardizing the age of eligibility for COLA to age 55 and retired five years provides another means to afford retirees with a safer and more dignified retirement, reducing the impact of inflation. This change would provide retired police and fire personnel in New York with a generally shorter waiting period for cost-of-living benefits, since many police and fire personnel retire well before their 62nd birthday based upon stature and the generally more hazardous jobs they perform for the public."

CSREA, the Retired Public Employees Association, the Retired Teachers Association and the Alliance of Public Retiree Associations of New York all support the passage of these bills which "will help assure public retirees achieve a dignified and secure retirement, allowing them to continue to contribute more effectively to the long-term health of our economy."

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Now, for the **REAL REASON**... Are you ready?..

**IT'S YOU! YOU** sit back, as if you're in the Kitchen, bullsh\_ting about the City and what you deserve...

but do nothing about it because your pension may be adequate or you'll leave it to other retirees to fight.

Oh, and yes, some retiree's pensions are far from being adequate and some below the Poverty Level. **YES!**

Today, there is a Bill which raises the Base Salary to \$21,000.00, which won't fly and is an **Insult to ALL RETIREES**, but it's the only bill up in Albany, so let's get behind it and it will fly. **WE** must ask for a full CPI to satisfy **US**. Just follow the instructions below.

If Retirees would like to Join the Fight and Email the NYS Legislators, it takes but a few minutes of your Retirement Time. It doesn't matter if you live in Oshkosh, Wisconsin or Kalamazoo Michigan. You can give it a try and you may enjoy emailing your former District Senator or Assemblymember. I know you do not remember your former District... neither do I.

-----  
**Your First Email will be to NYS Senators - Relax**

**The Chair of 'Civil Service and Pensions':  
Sen. Andrew Gounardes**

**TO: gounardes@nysenate.gov**

**BCC: [Copy and Paste Names Below on to the BCC Line]**

**SUBJECT: 2022 RETIREE COLA BILL - S06835a**

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**NY STATE SENATE MEMBERS**

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## 2nd Email will be to NYS ASSEMBLY MEMBERS - Relax

### Chair of the Committee on Governmental Employees

Peter J. Abbate, Jr.

**TO:** [abbatep@nyassembly.gov](mailto:abbatep@nyassembly.gov)

**SUBJECT:** 2022 COLA BILL - A08226

**BCC:** [Copy and Paste Names Below on to the BCC Line]

"Assem Gunther" <gunthera@assembly.state.ny.us [mailto:gunthera@assembly.state.ny.us] >; "ASSEM CUSICK" <cusickm@nyassembly.gov [mailto:cusickm@nyassembly.gov] >; "Assem Cahill" <cahillk@nyassembly.gov [mailto:cahillk@nyassembly.gov] >; "Assem Dinowitz" <dinowij@assembly.state.ny.us [mailto:dinowij@assembly.state.ny.us] >; "ASSEM EICHENSTEIN" <eichensteins@nyassembly.gov [mailto:eichensteins@nyassembly.gov] >; "Assem Nolan" <nolanc@assembly.state.ny.us [mailto:nolanc@assembly.state.ny.us] >; "Assem Pretlow" <pretloj@nyassembly.gov [mailto:pretloj@nyassembly.gov] >; "Assem Santabarbara" <santabarbaraa@nyassembly.gov [mailto:santabarbaraa@nyassembly.gov] >; "ASSEM SMULLEN" <smullenr@nyassembly.gov [mailto:smullenr@nyassembly.gov] >; "Assem Abinanti" <abinantit@nyassembly.gov [mailto:abinantit@nyassembly.gov] >; "Assem Ashby" <ashbyj@nyassembly.gov [mailto:ashbyj@nyassembly.gov] >; "Assem Barrett" <barrettd@nyassembly.gov [mailto:barrettd@nyassembly.gov] >; "Assem Benedetto" <benedettom@nyassembly.gov [mailto:benedettom@nyassembly.gov] >; "Assem Bichotter" <bichotter@nyassembly.gov [mailto:bichotter@nyassembly.gov] >; "Assem Bronson"



<bronsonh@assembly.state.ny.us [mailto:bronsonh@assembly.state.ny.us] >; "ASSEM BURKE" <burkep@nyassembly.gov [mailto:burkep@nyassembly.gov] >; "Assem Buttenschon" <buttenschonm@nyassembly.gov [mailto:buttenschonm@nyassembly.gov] >; "ASSEM BYRES" <byresm@nyassembly.gov [mailto:byresm@nyassembly.gov] >; "Assem Byrne" <byrnek@nyassembly.gov [mailto:byrnek@nyassembly.gov] >; "Assem C. Jackson" <jacksonc@nyassembly.gov [mailto:jacksonc@nyassembly.gov] >; "Assem Carroll" <carrollr@nyassembly.gov [mailto:carrollr@nyassembly.gov] >; "Assem Clark" <clarks@nyassembly.gov [mailto:clarks@nyassembly.gov] >; "ASSEM CRUZ" <crucz@nyassembly.gov [mailto:crucz@nyassembly.gov] >; "Assem Cymbrowitz" <cymbros@nyassembly.gov [mailto:cymbros@nyassembly.gov] >; "Assem Davila" <davilam@nyassembly.gov [mailto:davilam@nyassembly.gov] >; "Assem DeLa Rosa" <delarosac@nyassembly.gov [mailto:delarosac@nyassembly.gov] >; "Assem Dickens" <dickensi@nyassembly.gov [mailto:dickensi@nyassembly.gov] >; "Assem Epstein" <epsteinh@nyassembly.gov [mailto:epsteinh@nyassembly.gov] >; "Assem Fahy" <fahyp@assembly.state.ny.us [mailto:fahyp@assembly.state.ny.us] >; "Assem Fall" <fallc@nyassembly.gov [mailto:fallc@nyassembly.gov] >; "Assem Friend" <friendc@nyassembly.gov [mailto:friendc@nyassembly.gov] >; "Assem Gale" <galefs@assembly.state.ny.us [mailto:galefs@assembly.state.ny.us] >; "Assem Glick" <glickd@assembly.state.ny.us [mailto:glickd@assembly.state.ny.us] >; "Assem Goodell" <goodella@assembly.state.ny.us [mailto:goodella@assembly.state.ny.us] >; "ASSEM JACOBSON" <jacobsonj@nyassembly.gov [mailto:jacobsonj@nyassembly.gov] >; "Assem Jones" <jonesb@nyassembly.gov [mailto:jonesb@nyassembly.gov] >; "Assem Joyner" <joynerl@assembly.state.ny.us [mailto:joynerl@assembly.state.ny.us] >; "Assem K. P. Brown" <brownk@nyassembly.gov [mailto:brownk@nyassembly.gov] >; "Assem Kim" <kimr@assembly.state.ny.us [mailto:kimr@assembly.state.ny.us] >; "Assem Lavine" <lavinec@nyassembly.gov [mailto:lavinec@nyassembly.gov] >; "Assem McDonald" <mcdonaldj@nyassembly.gov [mailto:mcdonaldj@nyassembly.gov] >; "Assem McMahon" <mcmahonk@nyassembly.gov [mailto:mcmahonk@nyassembly.gov] >; "Assem Niou" <niouy@nyassembly.gov [mailto:niouy@nyassembly.gov] >; "Assem Norris" <norriem@nyassembly.gov [mailto:norriem@nyassembly.gov] >; "Assem O'donnell" <odonnellid@assembly.state.ny.us [mailto:odonnellid@assembly.state.ny.us] >; "Assem Paulin" <paulina@nyassembly.gov [mailto:paulina@nyassembly.gov] >; Assem Peoples-Stokes <peoplec@nyassembly.gov [mailto:peoplec@nyassembly.gov] >; Assem Quart <quartd@nyassembly.gov [mailto:quartd@nyassembly.gov] >; "ASSEM R. N. GOTTFRIED" <gottfriedr@nyassembly.gov [mailto:gottfriedr@nyassembly.gov] >; "ASSEM RAYNOR" <raynort@nyassembly.gov [mailto:raynort@nyassembly.gov] >; "Assem Reyes" <reyesk@nyassembly.gov [mailto:reyesk@nyassembly.gov] >; "Assem Richardson" <district43@assembly.state.ny.us [mailto:district43@assembly.state.ny.us] >; "Assem Rivera" <riveraj@nyassembly.gov [mailto:riveraj@nyassembly.gov] >; "Assem Rodriguez" <rrodriguez@nyassembly.gov [mailto:rrodriguez@nyassembly.gov] >; "Assem Rosent" <rosentl@assembly.state.ny.us [mailto:rosentl@assembly.state.ny.us] >; "Assem Rosenthal" <rosentl@nyassembly.gov [mailto:rosentl@nyassembly.gov] >; "Assem Rozic" <rozicn@nyassembly.gov [mailto:rozicn@nyassembly.gov] >; "Assem Rpzic" <rozicn@assembly.state.ny.us [mailto:rozicn@assembly.state.ny.us] >; "Assem S Otis" <otiss@assembly.state.ny.us [mailto:otiss@assembly.state.ny.us] >; "Assem Salka" <salkaj@nyassembly.gov [mailto:salkaj@nyassembly.gov] >; "Assem Solages" <solagesm@nyassembly.gov [mailto:solagesm@nyassembly.gov] >; "Assem Walczyk" <walczyk@nyassembly.gov [mailto:walczyk@nyassembly.gov] >; "Assem Walker" <walkerl@assembly.state.ny.us [mailto:walkerl@assembly.state.ny.us] >; "Assem Wallace" <wallacem@nyassembly.gov [mailto:wallacem@nyassembly.gov] >; "Assem Weinstein" <weinsth@nyassembly.gov [mailto:weinsth@nyassembly.gov] >; "Assem Woerner" <woernerc@assembly.state.ny.us [mailto:woernerc@assembly.state.ny.us] >; "Assem. ANDERSON" <andersonk@nyassembly.gov [mailto:andersonk@nyassembly.gov] >; "Assem. Angelino" <angelinoj@nyassembly.gov [mailto:angelinoj@nyassembly.gov] >; "Assem. Burgos" <burgosk@nyassembly.gov [mailto:burgosk@nyassembly.gov] >; "Assem. Carl E. Heastie - speaker" <speaker@nyassembly.gov [mailto:speaker@nyassembly.gov] >; "ASSEM. DILAN" <dilane@nyassembly.gov [mailto:dilane@nyassembly.gov] >; "Assem. Forrest" <souffrantforrestp@nyassembly.gov [mailto:souffrantforrestp@nyassembly.gov] >; "Assem. Frontus" <frontusm@nyassembly.gov [mailto:frontusm@nyassembly.gov] >; "Assem. Gallahan" <gallahanj@nyassembly.gov [mailto:gallahanj@nyassembly.gov] >; "Assem. Gonzalez-Rojas" <gonzalezrojasj@nyassembly.gov [mailto:gonzalezrojasj@nyassembly.gov] >; "Assem. Gottfried" <gottfriedr@nyassembly.gov [mailto:gottfriedr@nyassembly.gov] >; "Assem. Hunter" <hunterp@nyassembly.gov [mailto:hunterp@nyassembly.gov] >; "Assem. Hyndman" <hyndmana@nyassembly.gov [mailto:hyndmana@nyassembly.gov] >; "Assem. Lemondes" <lemondesj@nyassembly.gov [mailto:lemondesj@nyassembly.gov] >; "Assem. Magnarelli" <magnarw@nyassembly.gov [mailto:magnarw@nyassembly.gov] >; "Assem. Mamdani" <mamdanz@nyassembly.gov [mailto:mamdanz@nyassembly.gov] >; "Assem. Meeks" <meeksd@nyassembly.gov [mailto:meeksd@nyassembly.gov] >; "Assem. Miller" <millerm@nyassembly.gov [mailto:millerm@nyassembly.gov] >; "Assem. Mitaynes" <mitaynesm@nyassembly.gov [mailto:mitaynesm@nyassembly.gov] >; "Assem. Rajkumar" <rajkumarj@nyassembly.gov [mailto:rajkumarj@nyassembly.gov] >; "Assem. Sayegh" <sayeghn@nyassembly.gov [mailto:sayeghn@nyassembly.gov] >; "Assem. Simpson" <simpsonm@nyassembly.gov [mailto:simpsonm@nyassembly.gov] >; "Assem. Stirpe" <stirpea@nyassembly.gov [mailto:stirpea@nyassembly.gov] >; "Assem. Vanel" <vanelc@nyassembly.gov [mailto:vanelc@nyassembly.gov] >; "Assem. Zinerman" <zinermans@nyassembly.gov [mailto:zinermans@nyassembly.gov] >; "Assem.Lunsford" <lunsfordj@nyassembly.gov [mailto:lunsfordj@nyassembly.gov] >; "Assem.Taylor" <taylora@nyassembly.gov [mailto:taylora@nyassembly.gov] >; "Assem Steck" <SteckP@nyassembly.gov>

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OK, WELL DONE, SO FAR  
NOW FOR A SIMPLE BODY OF THE EMAILS

**FIRST THE SENATE:**

Dear Senator,

I am a Retired NYC [Firefighter **OR** Police Officer] and I'm writing to ask for your Support of Senate Bill **S06835a**, which, as you know, will increase the COLA base salary from \$18,000.00 to \$21,000.00.

Additionally, retirees respectfully request that the CPI be increased from 1/2, to a Full CPI. It has been 21 long years since the original 2000 COLA.

Retirees would like to thank Senator Andrew Gounardes for sponsoring Senate Bill **S06835a** and request that Senate Members Co-Sponsor this bill, and reach out to the Assembly, so both Assembly and Senate Bills are "Same-As." The Assembly Bill **A08226** is sponsored by Assemblyman Phil Steck.

Anxiously awaiting your support and response,

John Doe

Retired [FDNY-Firefighter OR NYPD-Police Officer]

email address

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**OK, WELL DONE, SO FAR**  
Now for Assembly Bill A08226

Dear Assembly Member,

I am a Retired NYC [Firefighter **OR** Police Officer] and I'm writing to ask for your Support of Assembly Bill **A08226**, which, will increase the Retirees COLA base salary from \$18,000.00 to \$21,000.00.

Additionally, retirees respectfully request that the CPI be increased from 1/2 to a Full CPI. It has been 21 long years since the original 2000 COLA.

Retirees would like to thank Assemblyman Phillip Steck for sponsoring Assembly Bill **A08226**, and request that Assembly Members Co-Sponsor this bill, and to reach out to the Senate, so both Assembly and Senate Bills are "Same-As." The Senate Bill is **S06835a** and is sponsored by Senator Gounardes.

Anxiously awaiting your support and response,

John Doe

Retired [FDNY-Firefighter OR NYPD Police Officer]

email address

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It would be very helpful if some spouses would write the email.

Of course, there would have to be a few changes in the email body.

Please check for any spelling errors.

**WE can do this ! I have sent my emails. It's easy !**

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**Note: March 1, 2022 will be the last chance for someone to use the once in a lifetime option on the OLR form to change into a different Health Plan before the new plan takes effect on April 1, 2022**

## NYC Medicare Advantage Plus Plan Opt-Out Form

Effective April 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

You acknowledge that:

- You can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in your current retiree health plan.

Retirees can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in their current retiree health plan. The opt-out period for the NYC Medicare Advantage Plus Plan is extended until further notice.

To opt out of the NYC Medicare Advantage Plus Plan and remain in your current health plan, 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 April 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 health plan option.

If you wish to waive your City of New York retiree health coverage, complete the NYC Retiree 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>

You may reenroll in City retiree health benefits during the next Transfer Period, or experience a qualifying event. During the Transfer Period, you may add the 365-Day Rider under GHI Senior Care if your union provides prescription drug coverage. If you currently have the High Option Rider, the 365-Day Rider is already included.

## 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

\_\_\_\_\_  
Date

Return this form at your earliest convenience via one of the following methods:

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

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

Fax to: 877-494-7195

Phone: 833-325-1190

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



# Health Benefits Program Application/Change Form

www.nyc.gov/olr

Employees Return Form to: Retirees (212) 513-0470 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  
 OLR-22  
 COPTLANDT  
 ST. 12<sup>TH</sup> FL.  
 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.**  New Enrollment  Add Optional Benefits\*  
 Reinstatement\*  Waive Benefits\*  
 Retirement **EMPLOYEES ONLY:**  
 Disability Retirement\*  Buy-Out Waiver Program  
 Accident Disability Retirement COMPLETE SECTIONS D, E, F & H  
 Drop Optional Benefits\*  
 \*Please indicate Effective Date: \_\_\_/\_\_\_/\_\_\_

**B. Change of:**  
 Spouse/Domestic Partner:  Add  Drop  
 Effective Date: \_\_\_/\_\_\_/\_\_\_  
 Dependent Child(ren):  Add  Drop  
 Effective Date: \_\_\_/\_\_\_/\_\_\_  
 Change of Name - Former Name: \_\_\_\_\_

**C. Transfer of Health Plan and/or Optional/Benefit Based on:**  
 Transfer Period  
 Move Into/Out of Health Plan Area  
 Effective Date: \_\_\_/\_\_\_/\_\_\_  
 Retiree Once-in-A-Lifetime  
 Effective Date: 3.01.22

### 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 Date of Event (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ Agency in which employed or retired from: \_\_\_\_\_ Union or Welfare Fund: \_\_\_\_\_  
 Widowed  Domestic Partnership  
 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 (RETIREES ARE INELIGIBLE FOR THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM)

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

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

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

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

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

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

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

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

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

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

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

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

Check Dependent Child(ren) Add or Drop if you are adding or dropping a dependent child. If you are adding a dependent child, you must attach a copy of either the birth certificate, or documents proving guardianship or adoption.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**Enrollment instructions**

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

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

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

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

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

**EG21**

Effective date  
3 / 01 / 2022

City of New York

Group number \_\_\_\_\_ Class code  
n/a

**Your information**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Birth date ( \_ \_ / \_ \_ / \_ \_ \_ \_ ) Sex Primary phone number  
( M M / D D / Y Y Y Y )  M  F ( )

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: **HOSPITAL (Part A)** \_\_\_\_\_ Effective Date: \_\_\_\_\_  
**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](http://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: **3** 01 /2022

**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: 3/ 01 /2022

**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:

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

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January 18, 2022

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.

The retirees read the City's January 7, 2022 letter to the Court concerning its implementation of the Medicare Advantage Plan (MAP) with great interest. (NYSCEF No. 173). Reading this update gives the impression that the City and Alliance are proceeding smartly and efficiently across calm seas. In reality, seniors have overwhelming evidence to show they are like passengers on the Titanic heading towards disaster. But unlike the designers of the ill-fated liner, retirees are screaming "Iceberg ahead!" And no one – except the Court – wants to hear the truth.

The City/Alliance's information/implementation plan is a Potemkin village: there is a façade of activity and very little behind it. Remarkably, the City and the Alliance have taken steps in the last month that not only fail to adequately and appropriately educate retirees about the new MAP, but actually make things worse. Specifically:

**The Alliance's list of participating doctors continues to be inaccurate.** Retirees recognize that it takes time for the Alliance to contact doctors, convince them to accept the MAP, and update the online search/participation tool. Consequently, most retirees waited until after January 7<sup>th</sup> to check in with their doctors to see if they were participating in the new MAP. As you will see from attached affidavits, what retirees found was simply mind-blowing: the participating doctor database and search tool is still fundamentally flawed. Dozens of retirees saw their providers listed on the database as participating, but when they called the doctors' offices, were told the doctor was not.

These are not cherry-picked examples. The doctor participation list is shockingly inaccurate and the search tool defective. Retirees simply cannot make an informed decision if they do not know whether their doctors will be accepting the plan.

**The Alliance's webinars do not allow questions.** The City/Alliance claim to have conducted exactly two webinars in the last month and claim that six more will be held by the end of January. But as of today, not a single webinar is listed on the OLR website; and they are poorly promoted. How are seniors expected to know about these sessions? Yet there is a more fundamental problem: not a single one has been interactive or allowed questions from retirees. Not only are these webinars not interactive, but questions posed by participants in the chat box go unanswered.

It is like the old Borscht Belt joke: "The food at this hotel is terrible," says one guest. And a friend replies, "It is terrible; and the portions are too small." Except here, it is not funny: with no opportunity to get their questions answered, retirees cannot make an informed decision whether to participate in the MAP.

**The 833-number representatives continue to be-ill informed.** Retirees who call the 833 number continue to receive inaccurate, often contradictory information -- as the attached affidavits spell out. Several seniors have requested a printed version of the Evidence of Coverage -- only to be told it is only available once they choose to enroll in the MAP; or that it is only available online. Another was told the "real" opt out deadline was mid-February and there was no guarantee of not being enrolled in the new MAP if the retiree waited until the Court-mandated March 31<sup>st</sup> deadline to opt out. And yet others who asked for an updated doctor participation list were directed to an irrelevant Anthem website. One retiree was even sent documents for a wholly irrelevant plan. And as Marianne Pizzitola's affidavit makes clear, the OLR telephone hotline and email system are very slow in responding -- when retirees can actually get through -- placing additional burden on the 833 representatives.

Given that there are no interactive webinars, OLR is completely unresponsive to retiree questions, and the 833-number is closed on weekends and ill-informed when they are there, how are retirees expected to get accurate, timely information?

**The Enrollment Guide is completely misleading.** The most fundamental problem with the Enrollment Guide is that it continues to misrepresent the extent of the extraordinary number of tests and procedures that will be subject to prior authorization. A second brochure about prior authorization is available only online.

**Hospital participation is still not resolved.** Despite the City/Alliance assurances that virtually all hospitals will be participating, that is simply not the case. (See the OLR website which says all hospitals are participating, but also states that the FAQs were last updated on December 2<sup>nd</sup>; screenshot attached as an exhibit.) Major hospital systems -- including New York Presbyterian, Baptist Hospital the leading hospital system in Southeast Florida, the Cleveland Clinic in Ohio, and the Nuvance Health system in the Hudson Valley -- are still not participating. And of course, just because a hospital is participating does not mean that individual doctors are. How is a

Justice Lyle Frank  
January 18, 2022

senior expected to make an informed decision based on false and incomplete information?

**Doctor participation – and outreach – is still inadequate.** As many of the attached affidavits make clear, not only is representation of doctor participation inaccurate, but doctors also still do not know enough about the MAP to decide whether to participate. Moreover, the Alliance's insistence that doctors must participate – because they accept a different insurance plan or Medicare itself – is simply untrue. Doctors may be considered in-network by the Alliance, but the choice about whether to participate in this new MAP – or accept new patients – is solely theirs.

The inadequacy of the Alliance's outreach to doctors was underscored recently by a statement made by the Alliance's Kim Parker on a webinar. She told retirees that when asking doctors if they were going to participate not to use the MAP name, but some other local Empire/Anthem plan name, and that retirees should do the research necessary to find out what local Advantage plan might be relevant. This is simply absurd.

The Alliance's effort to educate doctors and convince them to participate is proceeding. But there is still a very long way to go – and more time is needed – before doctors decide. And only then can their patients get a clear answer.

Your Honor, the bottom line is that retirees simply do not have adequate, accurate information upon which to make an informed decision about whether to participate in the new MAP. The City and Alliance may be trying to make improvements in their outreach to doctors, in the accuracy of the provider participant website, in their negotiations with hospitals, and in their communications with seniors. But because they are rushing the process so aggressively, they are exacerbating the problems, not solving them. And that is causing irreparable harm to a very fragile population which is justifiably concerned by what is being forced upon them.

We ask that you slow down the process just a bit: please delay the implementation by at least two months – to June 1<sup>st</sup> – to give the City and the Alliance the chance to make things right; and see if they do. The last month has been a disaster in the City/Alliance's new, improved implementation plan. The retirees should not be penalized for the City/Alliance's mistakes.

Thank you for Your Honor's attention and consideration.

Sincerely,  
*/s/ Steve Cohen*  
Steve Cohen

Justice Lyle Frank  
January 18, 2022  
Page 3 of 3

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





From: [det717@aol.com](mailto:det717@aol.com)

To: [det717@aol.com](mailto:det717@aol.com)

Sent: 5/1/2021 12:04:33 PM Eastern Standard Time

Subject: From Mike Borrelli

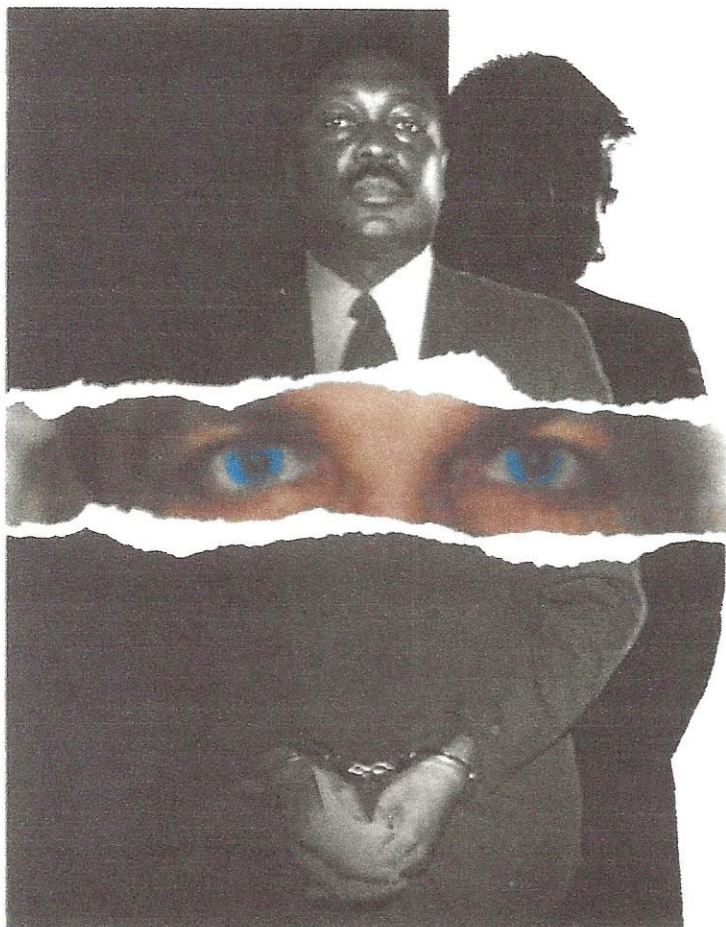
My great friend,

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

Your historian

Mike Borrelli

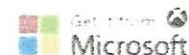
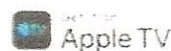
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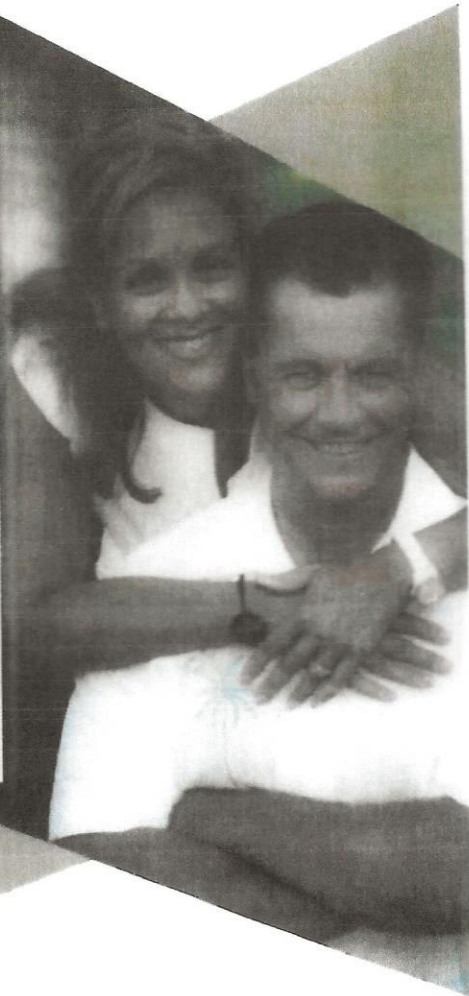
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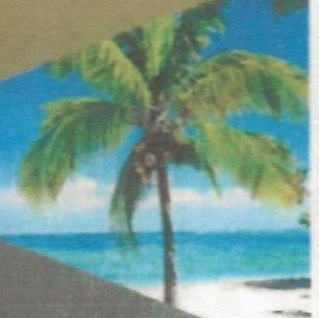
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- Scott & Virginia Nicchia

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