



Manasota 10-13 News

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

PRESIDENT

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

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941-232-2745
nvod10.13@aol.com

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Sgt-At- Arms/ Quartermaster

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IMMEDIATE PAST PRESIDENT

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CLUB HISTORIAN

Victor Rohe
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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

THE NEXT MEETING

OCTOBER ISSUE 2021

TUESDAY, OCTOBER 12TH 2021, 6 PM

FOP LODGE #3, SARASOTA

PRESIDENT'S MESSAGE

GREETINGS MANASOTA 10-13 CLUB MEMBERS

Well, they say Summer has ended, but it sure doesn't feel that way! I don't think there is a Fall season in Florida, (LOL). I hope we are all weathering the COVID Delta Variant and hope this passes soon without any members or their families being affected.

IMPORTANT: In this newsletter you will find the necessary forms needed to switch MEDICARE health care plans with the "City". If you do not respond you will automatically be placed in their Medicare Advantage Plus Plan, 1/01/2022. No direct charge to you, BUT you & your spouse will have a \$253.00 annual deductible each & \$15.00 co-pay for all Doctor & other visits.

I have been in touch many times with the AETNA representative to ask questions & gather information. Based on those conversations I AM RECOMMENDING THAT OUR MEDICARE MEMBERS SIGN UP FOR AETNA. No annual deductibles, no co-pays & only a \$20.00 a month deduction form your pension per month, \$40.00 if married. Please do **immediately** as the deadline is 10/31/21. Follow the instructions on the 3 forms & send them in **before 10/30/21**. Fill in effective date 11/01/21 on form checking box "C - ONCE IN A LIFETIME", 11/01/2021. It's the best choice available. You'll still receive your Part "B" reimbursement.

"Tunnels to Towers" info is included. I recommend members sign-up & participate in this worthy cause. I'll have forms at the meeting.

Be safe, stay well,

Fraternally, Tony.



MANASOTA 10-13 CLUB AGENDA FOR OCTOBER 12, 2021 MEETING

*****PLEASE WEAR FACE MASKS AT THE MEETING IF YOU'RE NOT VACCINATED.*****

PLEASE, NO CARD PLAYING UNTIL THE MEETING IS ADJOURNED.

- Prayer/moment of silence
- Pledge to the flag
- Call to order
- Determination of Quorum
- Reading/Approval of last meeting's minutes. (In monthly e-mailed Club's Newsletter along with this agenda.)

- Guest Speaker
 - Sarasota County Sheriff Kurt Hoffman – Award plaque.

- Committee Reports
 - President's Report
 - Vice President's Report
 - Treasurer's Report – Reading/approval of Report
 - Health & Welfare Report
 - Secretary's Report
 - Sgt-at-Arms/Quartermaster's Report

- Old Business
 - New 10-13 Club License Plates (specially made) are in stock and for sale for \$10.00 ea.
 - Manasota 10-13 Club 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
 - SCHOLARSHIP RAFFLE, \$10.00 PER TICKET – HANDGUN. Drawing held at next President's Quarterly meeting date in 2022,TBA.
 - Latest Medicare Change. Required forms are in this Newsletter. Deadline for filing is 10/30/2021. Discussion will take place at the next 10-13 President's meeting 10/02 with Aetna guest speaker who will be on a ZOOM conference call with the Club Presidents.
 - The Newly designed Manasota 10-13 Club's Website has been established, check it out,
www.10-13Manasota.com.
 - WANTED Club Newsletter Editor-in-Chief needed.

- Good of the Order
 - Comments from the membership/items to be added. (Attendees).
 - 50/50 winners announced at end of meeting. (Tim).

- Sick & Distressed
 - Wishing Tom DeMange a speedy recovery from broken foot/ankle.
 - Paul Redecha recuperating from back surgery.
 - Wishing Steve De Geronimo a speedy recovery from back surgery.

- Adjournment
 - Motion to adjoin and seconded at this time needed to close Meeting.

MANASOTA 10-13 CLUB MINUTES SEPT. 14TH, 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 7:30 pm.

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

32 additional members were in attendance.

Pledge and prayer were led by Lee Reeves.

III. APPROVAL OF THE MINUTES FROM LAST MEETING:

Bill Gigante made a motion to waive the reading of the minutes from the last meeting and was 2nd by Al Tennariello, approved.

GUEST SPEAKERS:

Henrietta Lange spoke before the meeting about her time within the NYPD as a Police Woman. She presented her shield that she wore until they were given the shield the department issues today, this shield was encased in Lucite and she had to buy it back from the department. The SPRING 3100 that she displayed showed an article and photo of her in full uniform. This uniform consisted of a blouse without collar brass at first and then later added, a wool hat, skirt, heels, and a leather purse that held some personal things as well as her gun on the backside of the purse. This is because the department didn't want a gun shown on a women and it had to be hidden.

IV. COMMITTEE REPORTS:

PRESIDENT'S REPORT:

NEXT GENERAL MEETING IS OCTOBER 12TH, 2021, FOOD SERVED AT 6 PM, GAVEL AT 7 PM.

There were no meetings for the summer, July and August. As of Lou's absence I have been doing his newsletter and the information in that newsletter is about what we discuss in the meetings and what is going on in the city. There is a lot going on with the Medicare insurance issues with the city. The minutes are also included within the newsletter. I send them out in your email and I hope that you read them.

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

We have 130 plus members, and 2 new members today, Alan Castro and Jeff Baynon and hopefully they can attend our meetings and some of our activities when we are able to get back to doing them since the issues with COVID-19.

V. OLD BUSINESS:

- A. Membership applications are in the newsletter, please actively recruit new members.
- B. Polo shirts are available for \$25 and T-shirts are \$10 for gray and \$15 for white and blue with 5 color logos, see Quartermaster Tim Van Schultz, 941-232-9832.
- C. 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.
- D. To place a business card ad in the 10-13 Newsletter for the calendar year 2022, please make a \$35.00 check out to the Manasota 10-13 Club, mail actual business card and check to Joe Timmons, 1036 Marlin Lakes Circle Apt. # 1418, Sarasota, FL 34232
******PLEASE PATRONIZE OUR SPONSORS!!! ******
- E. 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:

- F. 10-13 Scholarship Raffle, \$10.00 per ticket for a Sig MS 365 handgun. The drawing will be at the National 10-13 President Meeting on October 2nd, 2021. These tickets will be sold at each meeting and winner pulled at the quarterly President's meeting. ALL TICKETS SOLD for this quarter. THANKS TO ALL FOR PARTICIPATING, GOOD LUCK!
- G. The latest Medicare change-over to Medicare Advantage Plus Plan by the City information is in the newsletter and sent out via e-mail to all members. There will be a discussion that will take place at the next 10-13 President's meeting on October 2nd, 2021. Check your e-mail for details. Opt-out forms and other paperwork needs to be submitted by 10/31/21.
- H. Len Salerno spoke about the City's plan to remove all retirees on Medicare to their newly implemented plan from NYC Medicare Advantage Plus Plan. Discussion was made that if you want to opt-out of the new plan it must be done before October 30th, 2021. If you are on the GHI/Emblem health Senior Care plan and want to change over to Aetna you need to use your once in a lifetime change over and then after you are in Aetna you then need to submit also the opt-out forms by October 30th, 2021. The new plan by the City is unable to answer questions on the plan, as it has never been in effect and they are unable to guarantee your current Medicare doctors will accept their plan as well as they are implementing co-pays on doctors, labs and testing. There are a lot of unknowns with this new plan. If you do opt-out then as of January 1st, 2022 you will incur a premium from your existing provider.

- I. Newsletter Editor-in-Chief is needed for our 10-13 club.
- J. Collier County 10-13 Club running their 1st Annual Golf Tournament in Naples to raise funds for Cancer Research and their Club suction. Sign up forms are in the newsletter, four-some's are needed.

VII SICK AND DISTRESSED:

Please continue your prayers for all of our recovering members to return to good health. Our deepest condolences to Richie Macklin on the passing of his wife Denise.

VIII GOOD OF THE ORDER:

- I. 50/50 raffle was conducted, 1st prize of \$25.00 to Reenie Ram and gave it back to the club, 2nd prize of \$20.00 to Joe Timmons and gave it back to the club, 3rd prize of \$15.00 to Bob Weitzman and gave it back to the club.
- J. Thanks to Tony Marone, Joe Timmons and Lee Reeves for volunteering to clean and sanitize the FOP building for our meeting to keep us all safe and healthy.
- K. Thanks for the food being supplied by Mitch of Mad Dog Hot Dogs (Venice) for the brats and sides tonight for our meeting.

IX ADJOURNMENT:

- L. Motion for adjournment by Stan Planty and 2nd by Steve Wall, meeting adjourned 8:45 PM.

MANASOTA 10-13 CLUB MEETING DATES - 2021 (TENTATIVE)



Manasota 10-13 Club[®]

X TUESDAY, JUNE 8TH, Food at 6:00 PM, Gavel 7:00 PM.

X JULY - NO MEETING HELD.

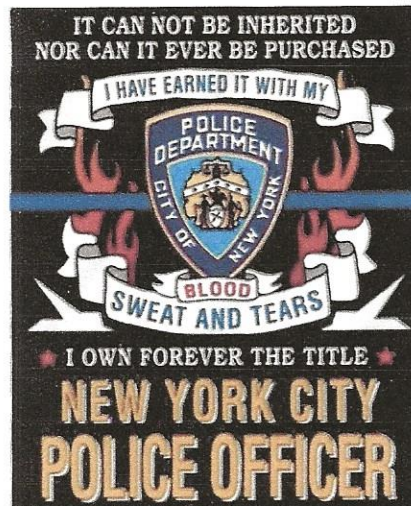
X AUGUST - NO MEETING HELD.

X TUESDAY, SEPTEMBER 14TH, October Fest, Brats & trimmings. Food 6:00 PM, Gavel 7:00 PM.

TUESDAY, OCTOBER 12TH, Columbus Day, Spaghetti & meatballs. Food 6:00 PM, Gavel 7:00 PM.

TUESDAY, NOVEMBER 16TH Thanksgiving, Turkey & trimmings, \$10.00 pp, Food 6:00 PM, Gavel 7:30 PM. (combined meeting with FOP Lodge #3).

TUESDAY, DECEMBER 21ST Christmas/Chanukah, Ham & trimmings, \$10.00 pp Food 6:00 PM, Gavel 7:30 PM. (combined meeting with FOP Lodge #3).





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

*Deceased

MEMBERSHIP APPLICATION

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ MALE () FEMALE ()

HOME PHONE (____) _____ CELL PHONE (____) _____

BUSINESS PHONE (____) _____ SPOUSE'S NAME _____

WEDDING DATE _____ SPOUSE'S DOB _____ (NO YR.)

EMAIL ADDRESS _____

BIRTH DATE _____ LAW ENFORCEMENT AGENCY _____

TAX # _____ APPOINTMENT DATE _____ RETIREMENT DATE _____

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

LAST COMMAND _____ LAST RANK HELD _____

PREVIOUS COMMANDS _____

I declare my desire for membership in the Manasota 10-13 Club, Inc. I will submit my membership fee and regularly subscribe my renewal fee by the 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

1036 Marlin Lakes Circle,
Apt.1418, Sarasota, Fl
34232

MEMBERSHIP FEE IS \$30.00

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



WE NEED YOUR HELP

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

Manasota 10-13 Club member information

Name _____

Street address _____ Unit or apt. # _____

City, State, Zip _____

Florida telephone # _____ Northern telephone # _____

E-mail: _____ Work # _____

Birthday (no year) _____ Date appointed to NYPD (include year) _____

Date of retirement (include year) _____ Rank _____

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

Next of Kin (Name, Address, Telephone) _____

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

Spouse name _____ Spouse birthday (no year) _____ Year joined Club _____

Complete, clip & send to: Anthony Marone
3872 Mira Lago Dr
Sarasota, FL 34238



BIRTHDAYS & ANNIVERSARIES

MEMBERS

8/07TH WILLIAM LATHER

8/07th JOHN SARDONE

8/08TH MARK MEYERS

8/09TH EDWAED MURRAY

8/09TH STEPHEN WALL

8/11TH JEFFREY BAILEY

8/12TH SELENE CONNORS

8/12TH GERARD IUCCI

9/02ND FRANK KEGEL

9/03RD MICKEY VISCO

9/04TH CHRISTOPHER TRAVIS

9/17TH ERIC PAGLIONE

9/19TH THOMAS DeMANGE

9/19TH WILLIAM GLOFKE

9/20TH PETER ABBOTT

9/23RD ED MALLOY

9/29TH JAMES SHEA

9/29TH JAMES MESSIER

10/01ST CLAUDIA BRATHWAITE

10/01ST MIKE FRASSETTI

10/03RD PAUL TEKNUS

10/11TH STEVEN MISITI

10/13TH WALLY TRAVIS
10/16TH RALPH ARGIENTO
10/21ST ANDY KING
10/21ST THOMAS TATARIAN
10/29TH KENNETH KLEINLEIN
10/29TH SAL BRAJUHA
10/30TH TONY MARONE

SPOUSE

8/02ND BERNICE CASTELLANOS
8/07TH EILEEN ADLER
8/08TH PATRICIA FEUER
8/10TH DONNA CALIGURI
8/18TH NANCY RISBANO
8/23RD DENISE PAGOAGA
9/07TH KATHLEEN KING
9/19TH WILLIAM GLOFFKE
9/22ND MARGARET TATARIAN
9/26TH DONNA VAN RIPER
10/02ND ANN MULLIGAN
~~10/03RD DENISE MACKLIN~~
10/07TH PING LEE
10/09TH DENISE GUTMANN
10/19TH EDITH EDMONDS
10/23RD DEBBIE KOURAKOS

ANNIVERSARIES

8/08TH MANNING & EDITH EDMONDS

8/13TH THOMAS & MARGARET TATARIAN

8/20TH STANLEY & JUDITH PLANTY

9/03RD VICTOR & MARY ROHE

9/03RD JEFF & BELLANIRE ROSENBLATT

9/06TH ERIC & DESIRAY LASCHKE

9/07TH CHARLES & MIA CONNORS

9/12TH EDWARD & HELEN MURRAY

9/12TH PAUL & JEANNETTE REDECHA

9/12TH ANDY & DOREEN PFEIFFER

9/12TH GENE & BARBARA BARATTINI

9/14TH SAM & DEBBIE KOURAKOS

9/14TH MARK MEYERS & SUSAN MORAVSKY

9/17TH ROBERT & MIRIAM POWELL

9/22ND ANDY & KATKLEEN KING

9/27TH DENISE FLYNN & FRANCINE VITIELLO

10/03RD TONY & JOHANNA MARONE

10/07TH ARNOLD & MIMI KELLY RING

10/10TH GERALD & DONNA VAN RIPER

10/12TH STEPHEN & PATRICIA WALL

10/19TH ERIC & DIANE PAGLIONE

10/19TH TIM & CHRISTINA VAN SCHULTZ

10/20TH KENNETH & CAROLYN O'KEEFE

9/12TH PAUL & JEANNETTE REDECHA

9/14TH SAM & DEBBIE KOURAKOS

9/14TH MARK MEYERS & SUSAN MORAVSKY

9/22ND ANDY & KATKLEEN KING

9/25TH DENISE FLYNN & FRANCINE VITIELLO

10/03RD TONY & JOHANNA MARONE

10/07TH ARNOLD & MIMI KELLY RING

10/10TH GERALD & DONNA VAN RIPER

10/12TH STEPHEN & PATRICIA WALL

10/19TH ERIC & DIANE PAGLIONE

10/19TH TIM & CHRISTINA VAN SCHULTZ

10/20TH KENNETH & CAROLYN O'KEEFE

10/29TH POMPEO & NANCY BASILE

Attention Retirees,

To those receiving Medicare who are **NOT** in Aetna, these attached **3 forms** need to be filled out and sent in to their respective addresses. The Opt-out form needs to be filled out by **BOTH** husband and spouse each. This will stop the "City" automatically placing you in the Medicare Advantage Plus Plan.

You will then be enrolled in the Aetna Medicare PPO (ESA) Plan at \$20.00 a month apiece, taken out of your pension check each month. You **MUST** check box "C" on the Health Benefits Form in the upper right hand corner and select the **"once in a life time"** change starting on 11/01/21.

The "City" Medicare Advantage plan (The Alliance) has an annual deductible of \$235.00 each and a \$15.00 co-pay for each visit to the Doctor, Lab, etc. No pension check deduction. You will still receive your Part "B" reimbursement with either choice. Medicare Doctors are supposed to accept this Medicare Plan same as any other Medicare plan.

To those of you who **are already enrolled** in Aetna Medicare PPO, you only need to fill out **1 form**, the attached Opt-out form for husband **AND** spouse **EACH**. Mail in to the Denver Colorado address on bottom of the Opt-out form. You will then be paying \$20.00 per month each as a pension deduction. Married couple = \$40.00. No deductibles, no co-pays. You will still receive your Part "B" reimbursement.

This is my personal recommendation to **select and sign up for AETNA**, if you have not already done so.

Fraternally, Tony Marone.
Manasota 10-13 Club, President.

★ FORMS ON THE NEXT PAGES.

I PERSONALLY RECOMMEND AETNA FOR \$20⁰⁰ PER PERSON PER MONTH.

TONY

Important information City's sponsored Aetna plan

- The Aetna Medicare PPO ESA plan is a City Sponsored retiree health plan (you can enroll for the remainder of 2021 by using your "Once-in-A-Lifetime" change, you will NOT be able to enroll in 2022)
- You'll continue to receive your Part B reimbursement, just like you do today!
- You have the choice to see any Medicare eligible provider - you are NOT restricted to seeing only Aetna providers and it will NOT cost you more to see a provider that is NOT in the Aetna network, as long as they are Medicare eligible
- The plan is nationwide, so you will have coverage even when you travel
- You'll continue to get your prescription drug plan through your union or welfare fund, just like today
- If your union or welfare fund does not provide your prescription drug plan- you MUST purchase the prescription drug rider through Aetna
- Premiums will be deducted by monthly pension deduction, if applicable.

To enroll in the Aetna Medicare Advantage PPO ESA plan

- To transfer your benefits to Aetna, follow these simple steps:
 - Complete the Health Benefits program (HBP) application/change form
 - Select – box C, top right corner of the form
 - Check the box: “once in a lifetime change” – selected a future date, i.e. 10/1, 11/1 or 12/1/2021
 - After completing the HBP application/change form, you must also complete a separate Aetna Medicare enrollment for you and/or any Medicare eligible dependent
 - You have two options to complete the Aetna enrollment
 - Complete your enrollment with Aetna over the phone or complete an Aetna enrollment form
 - To complete the enrollment by phone call:
 - The completed HBP application and Aetna can be emailed or faxed
 - Email: conymailbox@aetna.com
 - Fax number: (860) 907-3010

City of New York sponsored plans

Benefit	NYC Medicare Advantage Plus	Aetna Medicare Advantage Plan PPO/ESA	Aetna Medicare Advantage Plan PPO/ESA
Primary residence (If you do not see your State listed, you are not eligible for Aetna)	Nationwide	NY, NJ and PA	AZ, CT, DE, FL, GA, MA, MD, NC, NV, SC, TN, VA, TX and DC
Pension deduction (monthly cost for the plan for each Medicare person)	\$0 (premium free)	\$0 (premium free)	\$20.00 premium per month by pension deduction
Annual Deductible (restarts every January)	You pay \$253	You pay \$253	No deductible
Out of pocket maximum (most you pay in a calendar year) (Jan – Dec.)	\$1,470 (includes deductible and copays)	\$1,000 (includes deductible and copays)	N/A (Aetna plan pays at 100%)
PCP Visit (no referrals)	No Copay (you pay \$0)	No Copay (you pay \$0)	No Copay (you pay \$0)
Specialist Visit	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
Diagnostic Tests (X-rays, lab, CT Scan, MRI, Pet Scan, etc.)	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
Mental Health / Substance Use Disorder Office Visits	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
Urgent Care Center	\$15 Copay	\$15 Copay, \$0 for Minute Clinic	No Copay (you pay \$0)
Preventive Services	No Copay (you pay \$0) (deductible waived)	No Copay (you pay \$0) (deductible waived)	No Copay (you pay \$0)
Rehab. Services (Cardiac, PT, OT, ST)	\$15 Copay	\$15 Copay	No Copay (you pay \$0)
Durable Medical Equipment (DME)	No copay (you pay \$0)	No copay (you pay \$0)	No Copay (you pay \$0)
Routine Hearing Exam	No copay in-network only (deductible waived)	No copay (anywhere) (deductible waived)	No copay (you pay \$0) (anywhere)
Routine Vision Exam (eye refraction)	No copay (you pay \$0) (deductible waived)	No copay (you pay \$0) (deductible waived)	No copay (you pay \$0)

Benefit	NYC Medicare Advantage Plus	Aetna Medicare Advantage Plan PPO/ESA	Aetna Medicare Advantage Plan PPO/ESA
Inpatient Stay	\$300 copay per stay up to \$750 annual maximum	\$300 copay per stay up to \$750 annual maximum	No copay (you pay \$0)
Skilled Nursing Facility	No Copay (you pay \$0) for days 1-100	No Copay (you pay \$0) for days 1-100	No Copay (you pay \$0) for days 1-100
Home Health Care	No copay (you pay \$0)	No copay (you pay \$0)	No copay (you pay \$0)
Outpatient Surgery or Hospital Facility	No copay (you pay \$0)	No copay (you pay \$0)	No copay (you pay \$0)
Ambulance Services	No copay (you pay \$0)	No copay (you pay \$0)	No copay (you pay \$0)
Emergency Care	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	No copay (you pay \$0)
Private duty nursing	20% Coinsurance, \$2,500 Ann. Max	20% Coinsurance, \$2,500 Ann. Max	20% Coinsurance, \$2,500 Ann. Max
Extra benefits			
Meal Delivery	14 meals x 4 events = 56 meals / year, after inpatient stay	28 meals after an inpatient or SNF stay (no event limit on meals)	28 meals after an inpatient or SNF stay (no event limit on meals)
Fitness program	Silver Sneakers included	Silver Sneakers included	Silver Sneakers included
Fitness tracker	Included	Not covered	Not covered
Transportation	24 rides one-way rides up to 30 miles	24 rides one-way rides up to 60 miles	24 rides one-way rides up to 60 miles
Hearing Aids	Up to \$500 allowance every 12 months	Up to \$1,000 allowance every 12 months	Up to \$500 allowance every 12 months
Eyewear Reimbursements	Not covered	Up to \$200 allowance every 24 months	Up to \$100 allowance every 24 months
Healthy rewards	Earn up to \$200 per year for completing certain wellness activities	Earn up to \$200 per year for completing certain wellness activities	Not available

City of New York sponsored Part D rider - available only to retirees who do not have RX through their union - DISREGARD IF YOU RECEIVE RX BENEFITS THROUGH YOUR UNION

	NYC prescription drug rider	Aetna Prescription Drug Rider	Aetna Prescription Drug Rider
Primary residence	Nationwide	NY, NJ and PA	AZ, CT, DE, FL, GA, MA, MD, NC, NV, SC, TN, VA, TX and DC
Pension deduction (monthly cost for the plan for each Medicare eligible person)	\$125.00	\$108.00	\$79.00 per month by pension deduction
Annual Deductible	No deductible	No deductible	No deductible
Tier 1 (Preferred generics)	25%	Preferred pharmacy 0% Non preferred pharmacy 25%	Preferred pharmacy 0% Non preferred pharmacy 25%
Tier 2 (Generics)	25%	25%	25%
Tier 3 (Preferred Brand)	25%	25%	25%
Tier 4 (Non-preferred brand)	25%	25%	25%
Tier 5 (Specialty)	25%	25%	25%
Coverage gap	25%	25%	25%
Catastrophic - Coverage benefits start once \$7,050 in true out-of-pocket costs is incurred	You pay the greater of 5% of the cost of the drug - or - \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.	You pay the greater of 5% of the cost of the drug - or - \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.	You pay the greater of 5% of the cost of the drug - or - \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.

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

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 (MM/DD/YYYY)	Sex <input type="checkbox"/> M <input type="checkbox"/> 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. <ul style="list-style-type: none">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.**

<input type="checkbox"/>	<input type="checkbox"/> Aetna Medicare ESA	No Rx
<input type="checkbox"/>	<input type="checkbox"/> Aetna Medicare ESA with Rx	Custom Rx
<input type="checkbox"/>	<input type="checkbox"/>	

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](https://www.aetnamedicare.com/findprovider) or call the phone number on the instruction page.

PCP first and last name:	Are you a current patient? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

NYC Medicare Advantage Plus Plan Opt-Out Form

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

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.

The opt-out period for the NYC Medicare Advantage Plus Plan is October 1, 2021, to October 31, 2021.

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 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 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.

FILL OUT AN OPT-OUT FOR BOTH HUSBAND & SPOUSE.



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 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

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 the by the Medicare-eligible participant:

First Name: _____ Last Name: _____

Address: _____

City, State and ZIP: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Medicare Number: _____

Social Security Number: _____

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: _____

City Agency from which the City employee retired: _____

By signing below, I elect to continue participation in GHI/Empire BlueCross BlueShield Senior Care basic plan for 2022, and acknowledge that I will pay an additional plan premium of \$191.57 per month and if you have selected the 365 Hospital Rider, an additional \$2.83 to buy up to the 365 Hospital Rider, to remain in the GHI/Empire BlueCross BlueShield Senior Care basic plan, the specifics for 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>.

Signature of Participant Opting Out

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



Health Benefits Program Application/Change Form

www.nyc.gov/olr

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

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

Applicant **MUST** check one: EMPLOYEE RETIREE RETURN TO RETIREMENT (Check this box if you were previously retired) 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 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 Non-City Related

City Agency Name: _____

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.)

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"/>

*Attach a copy of Medicare card if disabled dependent is Medicare eligible.

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 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

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 Wavier 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.

RETIREE Health Plan Rates as of January 1, 2022

These rates will be reflected in your January 2022 pension check.

PLEASE NOTE THAT ALL RATES ARE SUBJECT TO CHANGE

MONTHLY NON-MEDICARE													
INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med-Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard	HIP Prime POS	MetroPlus Gold Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$419.13	\$989.81	\$0.00	\$303.30	\$1,028.87	\$0.00	\$238.77	\$0.00	\$0.00	\$1,178.87	\$0.00	\$0.00	\$189.81
Prescription Drugs	\$1,988.29	\$308.89	\$0.00	\$308.43	\$308.43	\$76.08	\$430.37	\$311.25	\$141.72	\$338.34	\$255.00	\$127.00	\$368.98
Rider, Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.14	\$0.00	\$9.08	\$9.08	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$2,405.42	\$1,298.70	\$0.00	\$611.73	\$1,337.30	\$80.22	\$668.84	\$320.33	\$150.80	\$1,517.21	\$255.00	\$127.00	\$556.79
FAMILY	Aetna EPO	CIGNA	DC37 Med-Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan Optional Standard	HIP Prime POS	MetroPlus Gold Optional Rx Rider (Grandfathered)**	MetroPlus Gold Optional Rx Rider (Standard)**	Vytra
Basic	\$1,721.06	\$2,671.08	\$0.00	\$911.23	\$2,613.81	\$0.00	\$690.51	\$0.00	\$0.00	\$2,888.24	\$0.00	\$0.00	\$648.44
Prescription Drugs	\$5,617.88	\$934.83	\$0.00	\$756.14	\$756.14	\$139.49	\$1,097.02	\$762.56	\$259.83	\$928.94	\$637.50	\$232.83	\$954.73
Rider, Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.47	\$0.00	\$22.26	\$22.26	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$7,338.94	\$3,605.91	\$0.00	\$1,667.37	\$3,369.95	\$149.86	\$1,788.13	\$784.82	\$282.09	\$3,717.18	\$637.50	\$232.83	\$1,603.17

* For GHI Senior Care, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

** Please note that effective August 1 2021 the grandfathered rider will be closed and the only rider available will be the standard rider.

MONTHLY-MEDICARE													
INDIVIDUAL	Aetna Medicare Advantage Plan (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	CIGNA Healthspring (AZ)	DC37 Med-Team Senior Care	Empire Medicare Related	Empire Medicare Freedom (PPO)	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)	NYC Medicare Advantage Plus
Basic	\$0.00	\$20.00	\$290.05	TBD	\$306.48	\$149.72	\$191.57	\$788.56	\$0.00	\$12.82	\$311.63	\$262.98	\$0.00
Prescription Drugs	\$108.00	\$79.00	\$0.00	TBD	\$200.85	\$127.79	\$125.00	\$85.00	\$177.59	\$50.40	\$82.89	\$108.38	\$125.00
Rider, Other*	\$0.00	\$0.00	\$0.00	TBD	\$0.00	\$0.00	\$2.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$108.00	\$99.00	\$290.05	TBD	\$507.43	\$277.51	\$319.40	\$873.56	\$177.59	\$63.22	\$394.52	\$372.34	\$125.00
FAMILY	Aetna Medicare Advantage Plan (NY/NJ/PA)	Aetna Medicare Advantage Plan PPO/ESA (All Other Areas)	CIGNA Healthspring (AZ)	DC37 Med-Team Senior Care	Empire Medicare Related	Empire Medicare Freedom (PPO)	GHI Senior Care	GHI HMO Medicare Senior Supplement	HIP VIP Premier (HMO)	Humana Gold Plus	United Healthcare Group Medicare Advantage Plan Horizons (NYC)	United Healthcare Group Medicare Advantage Plan Horizons (NJ)	NYC Medicare Advantage Plus
Basic	\$0.00	\$40.00	\$580.10	TBD	\$612.96	\$299.44	\$383.14	\$1,577.12	\$0.00	\$25.64	\$623.26	\$525.92	\$0.00
Prescription Drugs	\$216.00	\$158.00	\$0.00	TBD	\$401.90	\$255.58	\$250.00	\$170.00	\$355.18	\$100.80	\$165.78	\$218.76	\$250.00
Rider, Other*	\$0.00	\$0.00	\$0.00	TBD	\$0.00	\$0.00	\$5.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total (Basic + Rider)	\$216.00	\$198.00	\$580.10	TBD	\$1,014.86	\$555.02	\$638.80	\$1,747.12	\$355.18	\$126.44	\$789.04	\$744.68	\$250.00

* For GHI Senior Care, "Rider Other" is for 365-Day Hospitalization.

** Please note that effective August 1 2021 the grandfathered rider will be closed and the only rider available will be the standard rider.

NOTE: AvMed, BC Health Options & ElderPlan are "zero" premium plans.

For new enrollees into MetroPlus Gold, effective August 1, 2021, there will be a new optional pharmacy available. Current MetroPlus members may remain in their current rider or transfer to the new pharmacy rider. Additional information and rates will be available as soon as possible.

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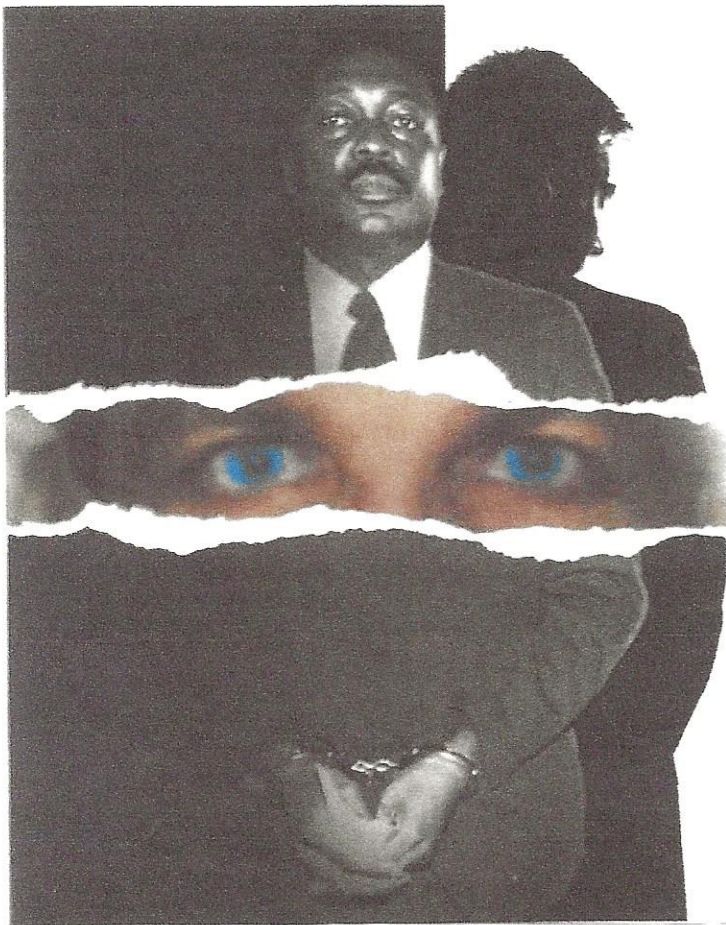
My great friend,

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

Your historian

Mike Borrelli

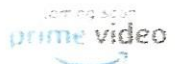
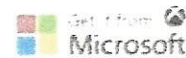
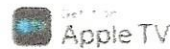
This exciting story is about our own Mike Borrelli and his partner Bob Davis. What happened to them and why they were sent to prison. This mini-series is a MUST SEE !!



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HEROES

FALL 2021

A Special 20th Anniversary Message to YOU from Frank Siller

I am overwhelmed with emotion as I reflect on 20 years since 9/11, and 20 years of inspiring Americans to DO GOOD in honor of America's heroes through the Tunnel to Towers Foundation.

As you read this today, I am in the final stretch of my NEVER FORGET Walk, just days away from Ground Zero, where my youngest brother and so many others gave their lives for us on September 11, 2001, 20 years ago. This more than 500-mile journey on foot across six states has been emotional and humbling throughout. My route of remembrance began at the Pentagon, led me to Shanksville, PA, and on to NYC, where this unforgettable experience will culminate on the 42nd day, September 11, 2021.



Great Americans have joined me along this route, from 9/11 family members, catastrophically injured veterans, Gold Star families and families of fallen first responders, to dignitaries and the many patriots lining the streets to help us honor the fallen. As this newsletter arrives in your mailbox, I'll be retracing my brother Stephen's footsteps 20 years later from the then Brooklyn Battery Tunnel, where he strapped on 60 lbs. of firefighting gear and ran to the Twin Towers before giving his life while saving others.



My family was not the only one to experience the pain of losing a hero. 2,977 Americans were lost that day, and each person left behind families and other loved ones. Many more have since lost their lives to illness brought on by the events of 9/11. And over 7,000 heroes have fallen since then in America's response to 9/11 – the War on Terror in Iraq and Afghanistan – with each of the fallen leaving gaping holes in their loved ones' hearts.

Resilience was seen across the nation on 9/11, and I can see it around us now, in the way people like you help the Foundation to care for one another.

(next page, please)

(continued from page 1)

Tunnel to Towers has been committed to giving back to heroes, both living and fallen, since then and we are proud to help America stay true to its words to NEVER FORGET.

There is so much we are doing to mark this milestone anniversary. From the NEVER FORGET Walk, to amazing artists and musicians coming together for our NEVER FORGET Concert to celebrate our nation's greatest heroes, to bringing back "Towers of Light" tributes to both the Pentagon and Flight 93 memorials.

We're holding a Reading of the Names ceremony on 9/12 to say aloud the names of all those lost since 9/11 due to 9/11 related illnesses. Further, the more than 7,000 additional names from the War on Terror will be read on Veterans Day at the Lincoln Memorial.

Our first responsibility has always been to make sure that we NEVER FORGET the sacrifice made by the brave men and women when America was attacked. Our mission to DO GOOD lives alongside this promise – a promise we keep year after year.

Thank you for your support and compassion and for being part of this ongoing mission. We are privileged to share in this great and necessary mission with you and other good men and women. May God always bless you and the United States of America.



Thank you and God Bless.

A handwritten signature in blue ink that reads "Frank Siller".

Frank Siller
CEO & Chairman
The Tunnel to Towers Foundation

NEVER FORGET CONCERT: An Entertaining Success

Our "NEVER FORGET Concert" was held at Jones Beach Amphitheater in Wantagh, New York in August. The Foundation gave away tickets to first responders at no cost. For those who attended, it truly was an unforgettable event that celebrated America's heroes and all that they have sacrificed for our safety and freedom. Featuring performances by: Journey, The Chainsmokers, John Fogerty, Ann Wilson, Steve Miller Band with special guest Jesse Colin Young, Lee Brice, Wyclef Jean, Gavin DeGraw, We McDonald, Flo Rida, Danny Rodriguez and Jax with G.E. Smith, serving as musical director.



Paying Off Mortgages on Homes of First Responders Who Lose Their Lives to 9/11 Illnesses

A Program Expansion YOU Made Possible Through Your Generous Support



In early June at One World Observatory, Tunnel to Towers announced, for the first time, it will pay off the mortgages for first responders who lose their lives to 9/11 related illnesses and leave behind young children.

Tunnel to Towers CEO and Chairman Frank Siller introduced the families of **FDNY Firefighter Thomas Oelkers** and **NYPD SGT Jeremiah Hunt**, the first two families to be supported by the Foundation's program expansion.

Firefighter Oelkers served in the NYPD for four years before joining the FDNY in 2001. He passed away from 9/11 related cancer in May 2021.

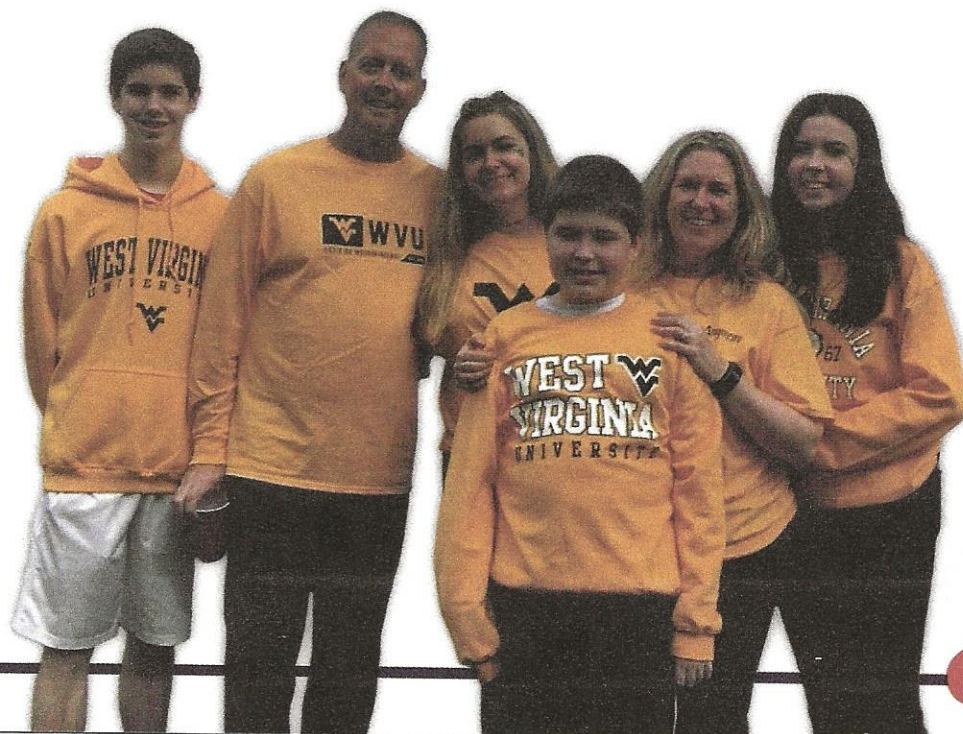
"When Tom and I bought our home, we knew it would be our forever home. We dreamt of raising our three daughters there, growing old there, and watching our grandchildren there. While I am devastated that he is not here to enjoy that with us – I am thankful for this program that keeps this dream alive," said Erika Oelkers.

SGT Hunt joined the NYPD Transit Division in 1994, and served his city for 17 years. In 2011 he was forced to medically retire from the job. He continued to serve as a Special Inspector for the Mass Transit Authority (MTA) on the Select Service bus line and remained on the job until his illness prevented him from continuing in 2018. He passed away from 9/11 related cancer on August 7, 2019.

For Sarah Hunt, his wife, the Foundation's support is life-changing. *"Tunnel to Towers' generosity has turned a very bleak outlook into one of hope for a much brighter future for our family. I only wish Jerry could have known the great kindnesses that would be bestowed upon his family. It would have eased such a great worry and burden and put his mind at rest."*

Through the support of friends like you, Tunnel to Towers is honored to support the first responders who sprang into action on 9/11 and who provided steady leadership in the days that followed and helped our country in the wake of the tragedy.

(See bios of FDNY firefighter Thomas Oelkers and NYPD Sgt Jeremiah Hunt, next page)





Retired FDNY Firefighter Thomas G. Oelkers of Ladder 44 died of 9/11 related illness on May 16, 2021.

Tom was a firefighter for the FDNY for 19 years after serving four years with the New York Police Department. He was stationed at Ladder 44 in the Bronx nearly his entire FDNY career. An avid athlete, Tom also played for the FDNY football team when they were rebuilding the team after 9/11. Tom was diagnosed with cancer in August 2020 and passed away less than a year later on May 16th. He left behind his wife, Erika, and their three daughters.



NYPD Sergeant Jeremiah Hunt, 50, passed away from 9/11 related cancer on August 7, 2019.

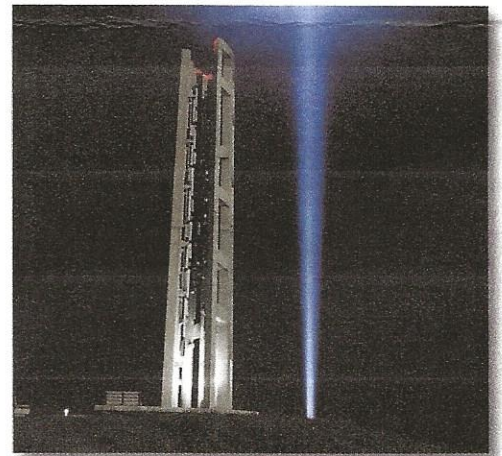
Jeremiah joined the NYPD Transit Division in 1994 and dutifully served his city for 17 years before retiring in 2011. He joined the Special Inspector for the MTA on the Select Service bus line, where he remained until his illness prevented him from continuing in 2018. Jeremiah lost his battle with cancer a year later. He is survived by his wife, Sarah, two daughters and two sons.

Tributes in Light Back at Two National Memorials

Again this year, Tunnel to Towers brings "Towers of Light" displays to the Pentagon and Flight 93 memorials, in honor of the lives lost on September 11, 2001.

The Foundation created the tributes last year to ensure the 9/11 sites were remembered across this country. *"We want our Towers of Light tributes in Shanksville and near the Pentagon to be just a couple of the many lights and remembrances that will honor those who were taken from us on 9/11,"* said Frank Siller.

Siller said the display enables, *"every family on every street,"* to join in remembering the fallen and help America keep its promise to Never Forget.



"Light will always triumph over darkness, and with this tribute, we are signaling that to America." – Frank Siller

9/11 NEVER FORGET Mobile Exhibit Visits Artesia, NM



The Tunnel to Towers Foundation's 9/11 NEVER FORGET Mobile Exhibit is a tribute to all those who lost their lives on September 11, 2001, including, of course, the 343 members of the FDNY who made the ultimate sacrifice. The high-tech, 83-foot tractor-trailer transforms into an 1,100-square-foot museum to educate citizens throughout the country about the events of that tragic day.

On June 11, the exhibit made a four-day stop in Artesia, New Mexico. The Exhibit's Artesia visit may be the biggest event the community has seen and taken part in.

Fire and police departments provided a 35-mile escort from Roswell to Artesia. The Punishers L.E.M.C. Pecos Valley, a law enforcement motorcycle club, participated and helped organize the outstanding tribute. Hundreds of local citizens lined Main Street in downtown Artesia holding photographs of some of the fallen FDNY firefighters and greeted the Mobile Exhibit as it arrived. Volunteers handed out age-appropriate

educational books about 9/11 to children, backpacks filled with fire helmets, yo-yos, frisbees, coloring books, water bottles, puzzles, stickers, wristbands and more. Many local restaurants created patriotic menus with drink specials, and some retail outlets offered special discounts during the Exhibit's four-day visit.

Local and S.E.-area Chambers of Commerce posted news of the Exhibit on their social media platforms. Various local radio stations reached tens of thousands of people. Billboards were placed in southeast New Mexico and west Texas – and ads to promote the event appeared in local magazines.

"I am beyond grateful to everyone who made bringing this Exhibit to our community possible. I am so thankful for our community's overwhelmingly positive response and feedback, the many new connections formed and being able to touch the demographic our nonprofit strives to help," said Debbie Brazas of Artesia 9/11 Memorial, Inc., who was key in arranging the event.

"The experience and knowledge I've gained is absolutely priceless and I, personally, will forever remember this for the rest of my life."



Photo credits: Kamilah Cas Photography – Noemy Castaneda / Dianalvone Photography – Diana Ivone Valdez

YOU Helped Us Deliver 20 Mortgage-Free Homes to Military Families in Honor of Memorial Day

In observance of Memorial Day, the Tunnel to Towers Foundation provided 20 military families with mortgage-free homes, honoring those who sacrificed life and limb for our freedom.

The 20 homes are located in 11 states across the country.

During a private ceremony at the U.S. Army Airborne & Special Operations Museum in Fayetteville, North Carolina, five Gold Star families were presented with documents confirming that the mortgage on their homes were paid in full.

"It's because of Tunnel to Towers and everyone who has garnered support for this Foundation that I can happily say that the stress of providing a safe place to put my children to sleep each night has completely vanished," said Jessica Hess, who lost her husband **Staff Sergeant Jacob Hess** in 2019. ▶



◀ Jennifer Allgaier and her three daughters moved into their home shortly after **Chief Warrant Officer 3 Christopher Allgaier's** helicopter was shot down in Afghanistan on May 30, 2007.

Thanks to the Tunnel to Towers Foundation, the family's home is now mortgage-free. *"We don't feel forgotten. We feel like somebody cares about us. It just opens up so many things for me that I didn't think would be possible before,"* she said.

In Boise, Idaho, Tunnel to Towers paid off the mortgages on the homes of three National Guardsmen killed when their helicopter crashed February 2, 2021, during a training mission.

"After my husband's untimely death, I worried that I would need to sell our family home or I would have to work many hours to afford the mortgage, taking me away from our girls when they need me most," said **Army Chief Warrant Officer 3 Matthew Peltzer's** wife, Heidi Leben. She added, *"Having our mortgage paid off by Tunnel to Towers has solved these concerns... It feels great to know that I can stay and raise my daughters in this home that my husband and I purchased together."* ▶

The Tunnel to Towers Foundation's Gold Star Family Home Program honors the legacy of those who have made the ultimate sacrifice while serving our country by paying off their mortgage or providing the surviving spouses and young children with mortgage-free homes.

With your continued help, the Foundation is keeping its promise to NEVER FORGET these heroes. Thank YOU for making this important work possible!



Your Kindness Built a New Smart Home for a Heroic, Paralympic Champion

The Tunnel to Towers Foundation welcomed home **Army Sergeant Christy Gardner** to her new, mortgage-free *smart home* June 19, 2021. The home was constructed in just a two-week period by Tunnel to Towers through A Soldier's Journey Home, a group composed of more than 500 volunteers from 14 states.



On June 22, 2006, while serving as a military police officer on a peacekeeping mission in Asia, Sergeant Gardner was severely injured while on foot patrol. She suffered skull fractures, severe internal injuries, spinal cord damage that caused paralysis below her knees, and eventually the amputation of both legs.

Despite her severe injuries, Christy has triumphed in life – and sports. She has been part of the U.S. Women's National Sled Hockey Team for nine years, serving as Assistant Captain for the last three years, and winning two World Championships with the team. Christy has also currently ranked second in the world in the shot put. She is the current president of the nonprofit Central Maine Adaptive Sports and has expanded its programs to include not only skiing, snowboarding, and snowshoeing, but also track & field, cycling, sled hockey, and kayaking.



Christy also founded Mission Working Dogs, a foundation that trains service dogs and therapy dogs for Mainers living with disabilities. She is training in providing autism service dogs in addition to mobility support/assistance service dogs, PTSD service dogs, and certified therapy dogs.

Thank you for stepping up to bless Christy, who "gives back" so much to help others in need, with the gift of a new, custom designed *smart home*. Your generosity makes her everyday life easier.



Wisconsin Father Sets New Push-Up World Record

Tunnel to Towers Ambassador Nate Carroll completed his 1,500,231st push-up Challenge at MetLife Stadium

On June 14, Flag Day, **Tunnel to Towers Ambassador Nate Carroll** began his quest to break the world record for the most push-ups done in a 12-month period while raising money for the Tunnel to Towers Foundation's Fallen First Responder Home Program. He toppled a record that had stood untouched for 31 years.

Pushing through early injuries, Nate hit 250,000 push-ups on September 20, 2020.

Hitting his stride in the fall, Nate went on to blast through the 500,000 push-up mark in November.

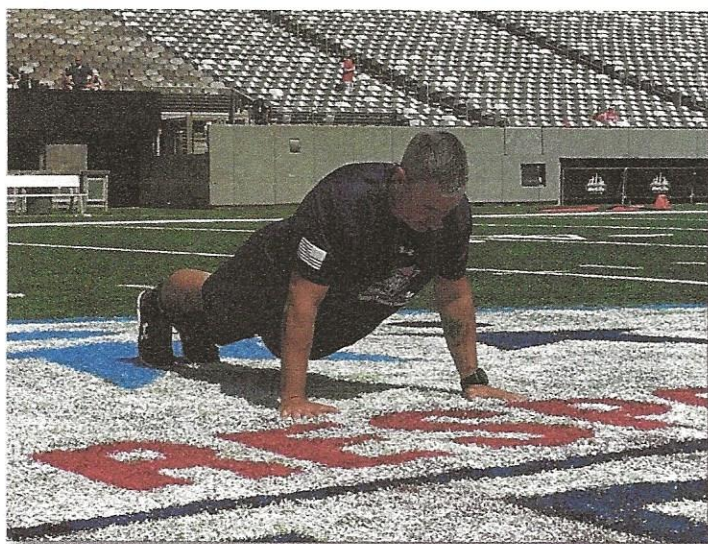
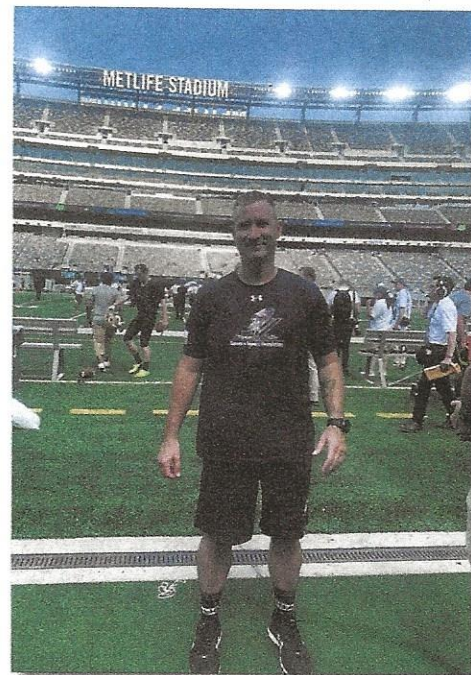
He reached 750,000 push-ups in January 2021, marking the half-way point in the challenge with six months to go.

On March 2, alongside his three children, Nate hit the one million push-up milestone.

Then, on June 6, at the 50-yard line of MetLife Stadium in East Rutherford, NJ, Nate completed his 1,500,231st push-up to set a new world record for the most push-ups done in a year. Fittingly, he accomplished the feat in front of first responders during halftime of the 48th Annual Fun City Bowl, an annual showdown between the FDNY and NYPD football teams.

He completed nine push-ups and then the final eleven to break the record in honor of those who lost their lives in the 9/11 attacks 20 years ago.

"It was an honor to set a new world record here in New York in front of members of the NYPD, FDNY, PAPD and other first responders. I want this record to pay tribute to the sacrifice made by so many heroes that tragic day," said Nate.



Nate finished the 365-day challenge with a total of 1,500,911 push-ups and is now working with the Guinness Book of World Records to verify the title.

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