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CSA Retiree Chapter Members Handbook

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Updated 12/22/09
Membership Eligibility

- All New York City Board of Education Supervisors and Administrators who were members of the CSA and/or eligible for coverage by the CSA Welfare Fund at the time of retirement from the New York City Public School System and remain eligible for coverage by both the New York City Health Benefits Program and by the CSA Retiree Welfare Fund, are eligible for membership in the CSA Retiree Chapter.

- All legally married spouses or appropriately certified domestic partners of supervisors or administrators described above are also eligible for membership with full benefits in the Chapter, except for holding a Chapter office or voting.

- Day Care Supervisors or Administrators who have retired and are receiving a pension from the Cultural Institutions Retirement System who were members of the DCC CSA Welfare Fund at the time of retirement, and their legally married spouses or properly certified domestic partners, are eligible for membership.

- Dues and assessments as determined by the CSA Retiree Chapter and approved by CSA are required to be paid to the Chapter no later than 12 months from the date of retirement through dues check-off or other established method of payment and must not be in arrears for longer than 12 months.

- Membership in the Chapter, for former Department of Education employees, begins with your payment of dues as arranged through the submission to the Chapter of an appropriately completed check-off card, so that dues are deducted from your pension check. Membership and eligibility for benefits are retroactive to the beginning of dues payment. Day Care members fill out a membership card and pay dues by check.

The current dues rate for Department of Education retirees:
- Member only:.0035 of your gross monthly pension
- Member and Spouse:.0045 of your gross monthly pension
- Surviving Spouse/Domestic Partner:.0035 of the deceased member’s pension check as determined by using the average of the last three pension checks issued by the appropriate retirement system. A surviving spouse/domestic partner receiving a spousal pension may pay his/her dues by check-off or be billed yearly in advance if check-off is not applicable.

Dues for Day Care retirees are:
- $9 per month for members
- $14 per month for member and spouse
- $2 per month for member without health benefits

- Members who join the Chapter beyond the 12-month enrollment period will be eligible for all benefits, except health benefits. There will be a waiting period of not less than 18 months for health benefits in order to accommodate pre-existing health condition concerns.

- Eligibility will terminate for non-payment of dues, termination of eligibility for benefits provided by the CSA Retiree Welfare Fund or by determination of the CSA Retiree Chapter. If eligibility is discontinued, it cannot be reinstated. All decisions concerning eligibility may be appealed to the CSA Retiree Chapter Executive Board and/or the CSA President.
Health Benefits for Department of Education Retirees

*CSA, as a City Union and member of the Municipal Labor Council,* obtained health coverage into retirement for you and your eligible dependents. You will remain covered by the health plan in which you were enrolled when you were actively employed provided you are eligible to receive a retirement pension.

Therefore, if you were enrolled in HIP/HMO or GHI and Blue Cross (BC), you will continue to receive this coverage free of charge. Your only cost for these two plans is the cost of the extended coverage rider, which provides coverage for prescription drugs. Retirees who are enrolled in a plan other than HIP/HMO or GHI/BC will continue to enjoy the plan they selected, and they will continue to be charged a surcharge for the basic plan and prescription drug rider as they were when they were enrolled as active employees.

Your CSA Active Welfare Fund benefits, including its prescription drug plan, do not continue into retirement. You will be covered instead by the benefits provided by the CSA Retiree Welfare Fund and Retiree Chapter Supplemental Benefits Program. The Fund and the Chapter provide comprehensive coverage for you including benefits normally provided by the rider such as extended hospitalization coverage for GHI/BC members and private duty nursing and appliances for HIP/HMO members. The cost of the coverage for these benefits will not be deducted since they are provided to you by CSA.

Your Retiree Welfare Fund benefits will continue as long as you receive a monthly pension check. Your Chapter Supplemental Benefits will continue as long as your dues are paid and you remain covered by the CSA Retiree Welfare Fund. *Please see the chart on pages 31-32. It will serve as a quick reference to your Welfare Fund and Chapter benefits.*

Members who need assistance in securing their health coverage in retirement are urged to contact the Chapter at (718) 625-3434. CSA Welfare Fund staff is also available for assistance at 16 Court Street, 34th floor, Brooklyn, NY 11241, (718) 624-2600.
Supplemental Health Benefits

Primacy of Health Coverage and Coordination of Benefits

All health benefits provided by your Welfare Fund and Chapter are secondary to your primary coverage (City Health Plan, Medicare, etc.) Therefore all claims submitted for supplemental coverage must be accompanied by the explanation of benefits from the primary plan.

- CSA Retiree Chapter Supplemental Health Benefits are provided from your Chapter dues through a separate fund to support a benefit program created and monitored by a Board of Trustees selected by the Retiree Chapter Executive Board.

- The benefit program is unique in its design and efficient in its operation. All benefits are linked to and administered by the CSA Welfare Fund providing supplemental coverage for a broad range of services. Since the benefits are supplemental to, and administered by, the CSA Welfare Fund, members of the Chapter receive their benefits without the need to apply separately. Thus, benefits are paid to the members more efficiently and expeditiously at minimum administration expense.

- The Retiree Welfare Fund will reimburse 80% of the remaining reasonable and customary out-of-pocket costs after a $100 deductible for the services listed below. Your Chapter will pay an additional 15% of the Welfare Fund payment provided such reimbursement does not exceed the actual cost.

- These services are: surgery, anesthesia, invasive exams (i.e., bronchoscopes, colonoscopies, etc.), radiation treatment, and administration costs of chemotherapy, private duty nursing and prescription drug co-payments for members enrolled in an HMO or non-Medicare eligible members in GHI.

For example, if a member receives $2,000 from the Welfare Fund for radiation treatment, the Chapter will forward an additional $300 to the member automatically.

Stop Loss Coverage

- The Chapter will pick up 15% of any remaining out-of-pocket costs should a member or eligible spouse/domestic partner incur more than $1,000 in un-reimbursed expenses in a calendar year for the following services:
  - Office visits
  - Routine x-rays
  - Routine lab tests
  - Surgery
  - Anesthesia
  - Diagnostic invasive exams
  - Private duty nursing
  - Radiation
  - Administration of chemotherapy
  - Ambulance and ambulate services
  - Wigs for cancer or alopecia patients
  - Surgical stockings
  - Removable or portable toilet seats
  - Orthotics
  - Hospital or medical deductibles
  - Co-pay charges for member enrolled in a HMO

For example, a member could incur up to $1,250 in such costs and the Chapter would then reimburse an additional $187.50. Co-payments paid to participating GHI providers are not reimbursed by the Fund or the Chapter.
Home Aide Service

- Home aide services may be critical for those requiring temporary care while recovering from surgery or illness. The Chapter will provide an additional 15% reimbursement beyond the Welfare Fund-provided benefit. A member will receive $6,000 from the Fund and an additional $900 from the Chapter each year up to a lifetime maximum of $20,700.

Optical Benefits

- Members and eligible dependents are provided up to an additional $35 toward the cost of their optical benefit every 12 months if their cost exceeds the Welfare Fund coverage. If a member’s cost is more than the Welfare Fund coverage, the member will automatically receive a check for up to $35 to offset the additional expense.

Hearing Aid Benefit

- Members and eligible dependents are provided up to an additional $600 toward the cost of a hearing aid every 3 years if the purchase price exceeds the Welfare Fund coverage of $600. A member who purchases a hearing aid for $2,000 will receive $600 from the Fund and another $600 from the Chapter for a total of $1,200.

Day Care Retiree Benefits

- Day Care Retiree health benefits are limited to the Optical and Hearing Aid benefits described above.

All of the above benefits are provided without additional cost to the dues-paying member. For additional information or clarification, call the Chapter at (718) 625-3434.
Medicare

As a retiree, you and/or your spouse/domestic partner are eligible for coverage for Parts A, B and D of Medicare when you or your spouse/domestic partner reach the age of 65 or you have been totally disabled for more than 24 months. Members are advised to contact their Social Security office at least 3 months before their date of eligibility if they have not already been contacted by then.

If you are employed or if you are covered for hospital or medical benefits by an employed spouse's employer-provided plan, you and your spouse are not eligible for primary coverage by Medicare regardless of age. The employer-provided plan remains primary. If you enroll in Medicare B, Medicare's coverage will be secondary through the employer-provided plan. Medicare will become primary upon the retirement of the employee.

When you or your spouse/domestic partner become Medicare-eligible, your city-provided coverage becomes secondary to Medicare for coverage for hospital and medical expenses. Your claims must now be submitted first to Medicare and then to your city plan for secondary or supplemental coverage. In order to activate your coordinated coverage, you must make a copy of your and/or your spouse's/domestic partner's Medicare Card showing the dates of eligibility for Parts A and B coverage and send the copy to:

The Office of Labor Relations  
Employee Benefit Program  
40 Rector Street  
New York, N.Y. 10006  
Attention: Medicare Unit

Enclose a letter informing the Office of Labor Relations (OLR) of your or your spouse's/domestic partner's Medicare eligibility and request that they adjust your coverage accordingly, including your Prescription Drug rider coverage to make it Medicare D comparable. OLR will assist you and will also arrange for you to receive a refund of your Medicare Premium which is deducted each month from your and/or your spouse's/domestic partner's Social Security check. Since Medicare is now the primary payer of claims, the cost to the City for your secondary coverage becomes less expensive to the City. CSA along with the other members of the Municipal Labor Council have been able to get the city to share its savings with you by refunding your basic Medicare B premium. OLR will send you a check each August for the monthly premiums deducted from the Social Security checks for the previous calendar year.

Your city-provided drug plan will be converted to a Medicare D qualified plan and paid for through your optional benefits rider. If you have comparable coverage from an employer, union, or spousal drug plan, you are not required to enroll in a Medicare D plan. Make sure that you receive a letter of creditable coverage from that plan as proof of coverage should you need to enroll in a Medicare D plan at a later date to avoid penalty.

If you need further clarification or assistance, contact the Chapter at (718) 625-3434.
Surviving Spouse

Surviving Spouse/Domestic Partner Benefits

- The surviving spouse or domestic partner of a deceased member may continue to be a spousal member provided he/she was a member at the time of death and begins paying the appropriate dues assessment within 12 months of the member’s death. The surviving spouse/domestic partner must also remain eligible for the benefits provided by the CSA Retiree Welfare Fund.

- A surviving spouse or domestic partner can continue to be eligible for Chapter Benefits for as long as they wish, provided they pay their designated Chapter dues and remain covered for benefits from the Welfare Fund beyond the 5 years of free coverage provided by the Fund at the time of the member’s death.

- Chapter benefits for survivors may vary based on their own individual health coverage. For example, survivors who do not have a drug plan and are not yet eligible for Medicare D coverage will be provided with reimbursement for prescription drug expenses at 80%, up to an annual maximum of $1,500 after first incurring $1,500 in costs as a deductible. See Benefit Summary Chart, pages 31-32.

- Benefits for drug coverage and other services for survivors who were not eligible for CSA Retiree Welfare Fund benefits on January 1, 2006, are not included here. Details are available upon request.
Educational, Cultural & Social Activities

As part of the CSA Retiree Chapter’s overall retiree benefit package, the Educational, Cultural and Social Committee has been given the mission to develop a comprehensive educational, cultural, and social program of diverse events in the New York metropolitan area. In accomplishing its goal, the committee uses the area’s tremendous resources of museums, theaters, educational institutions and organizations as well as the expertise of its own membership.

Each year, the Committee runs numerous in-city trips and walking tours, out-of-city bus trips, classes on many different subjects, and several theater events through the Theater Development Fund (TDF). We also collaborate with Elderhostel on trips. In addition, the Committee runs numerous lectures on a plethora of topics, from golf and music, to wine and finance.

For details of the courses, events, trips, and activities you can participate in, see the listing in our monthly CSA News which is mailed to each member or visit our website at www.csa-nyc.org.

We encourage you to take part in this diverse educational program and/or work with the Committee to plan future events. For more information, contact the Chapter at (718) 625-3434.
Legislative Program

The Retiree Chapter is deeply involved in national, state and city legislative issues affecting retirees as well as public education. As a result, we have developed an actively growing Legislative Committee with branches in the various Regional Units with its hub at the Retiree Chapter office. Each Regional Unit has legislative coordinators who share our legislative retiree priorities with their local members. This collaborative system provides retirees a focus and a strong voice in order to protect and enhance the benefits won in contract negotiations when we were employed. It is important to note that while legislation has given us benefits, such as pensions, health, welfare and permanent COLA, we are aware and concerned that legislation can also erode the benefits we now enjoy.

Our goal is both to advocate and educate when visiting elected officials in Albany, City Hall, Washington D.C., and legislators’ home offices.

Only CSA Retiree Chapter members can actively participate in the process that has been described. We welcome all members to become involved proactively by joining a Regional Unit and also its legislative committee. As a member, you can e-mail, write, and visit legislators. The research and materials pertaining to the various bills and laws are initiated by the Retiree Chapter and prepared for distribution to members. We also provide training sessions to ensure that our members are well prepared before the visits.

*Please join us. We need you as much as you need us. For further information, contact the Chapter at (718) 625-3434.*
Regional Units

Membership in Regional Units

Your CSA Retiree Chapter encourages members to participate in the activities of the Regional Unit convenient to them as well as to participate in the activities of as many Regional Units as they like. Each Regional Unit serves as an extension of our union and Retiree Chapter. Their purpose is to bring members closer to the union and the union closer to the members. Information is disseminated and shared. Funding and services are provided to the Regional Unit by the Chapter, and members are encouraged to participate in the Regional Units cultural and educational programs.

A most important function of each Regional Unit is to establish a retiree’s legislative voice in his or her voting district. There are Regional Units in the five boroughs and in Westchester, Rockland and Bergen counties, Long Island, New Jersey, Florida (East and West coast), Arizona, California, Nevada and the Washington D.C.- Maryland area.

The regions have their own officers. They plan local meetings and invite speakers from our union, Chapter, and Welfare Fund as well as from government and community agencies. Activities and speakers on topics of interest are provided to the members through luncheons, health fairs, cultural trips, and other social events.

One of the most significant aspects of the regional concept is that members, separated by years of working in different school districts, find one another and renew old friendships.

*Please note that a member must be in the Retiree Chapter before they can join a Regional Unit. For the location of a Regional Unit convenient to you, call our office at (718) 625-3434.*
Outreach Program

The CSA Retiree Chapter Outreach Program provides assistance and information to CSA Retiree members and their spouses, registered domestic partners and eligible dependents. Members are provided information regarding how to apply for CSA Retiree Chapter and Welfare Fund benefits. Outreach Coordinators have lists of helpful resources to assist family members in locating services such as Alzheimer’s associations, caregivers’ respite care, non-medical homecare aides, and many other services available through the member’s city and state agencies. Members, spouses and registered domestic partners are invited to attend Outreach Workshops on issues relating to health insurance, Medicare, and Chapter benefits. Information received from professional organizations regarding available employment and volunteer positions is made available to members. Outreach Coordinators also make friendly calls to keep in touch with members and prevent a feeling of isolation.

For more information, contact the CSA Retiree Chapter at (718) 625-3434.
Direct Benefits for AFSA Members (Continental US)

Because you are a member of AFSA, you are automatically eligible for these additional no-cost AFSA benefits. For more information, visit AFSA’s website at: http://www.AFSAadmin.org.

Accidental Death

AFSA provides members with $10,000 of accidental death coverage, regardless of other insurance coverage. In order for benefits to be paid, members must have previously filed a signed beneficiary form with AFSA’s insurance administrator, Marsh Affinity Group Services, a service of Seabury & Smith. To be eligible, your AFSA membership must be ongoing and uninterrupted for at least two years or the duration of a Local union’s affiliation, whichever is less. The death certificate must state accidental death in order to qualify. This coverage is offered at no additional cost and AFSA members are automatically enrolled. Associate members are NOT eligible for this benefit.

Optional Group Insurance Benefits for AFSA Members (Continental US)

Because you are a member of AFSA, you are eligible to participate in these discounted Group Insurance benefits. For more information, visit Marsh’s web site at: http://seaburychicago.com/cwp.asp?assn=AFSAD

- Accidental Death and Dismemberment
- Catastrophe Major Medical Insurance
- Dental Insurance with Benefit Builder
- Long Term Care
- Senior Term Life

Union Plus Benefits for AFSA Members (Continental US)

Discounted services & free benefits from the AFL-CIO’s Union Privilege. Because you are a member or retiree of AFSA, you and your family are automatically eligible for Union Plus benefits. For more information, visit Union Plus’s web site at: http://www.unionplus.org/ or the CSA website at www.csa-nyc.org.
AFSA Benefits

AUTO ADVANTAGES
• Car Rental Discounts
• Goodyear Tire & Service Discount
• Motor Club
• Auto Buying

COMPUTERS & TECH
• Dell Computer Discounts
• AT&T Wireless Discounts
• Internet Service Discounts
• Broadband Phone Service (VOIP)

EDUCATION SERVICES
• Education Services
• Union Plus Scholarships

EVERYDAY SAVINGS
• ConsumerReports.org Discounts
• Flower Discounts
• Powell’s Bookstore

HEALTH & WELL BEING
• Health Savings
• Health Club Discounts

HOUSE & HOME
• Mortgage & Real Estate
• Moving Discount
• Pet Savings
• Home Heating Oil Discount

INSURANCE DEALS
• Auto Insurance
• Union Secure Life Insurance
• Pet Insurance

LEGAL SERVICE
• Legal Service

MONEY & CREDIT
• Credit Card
• Credit Counseling
• Your Credit Score
• Loans
• Online Tax Service
• Union-Made Checks
• Online Savings Account
• Union Plus Secured Card

TRAVEL & RECREATION
• Cruise Discounts
• Worldwide Vacation Tours
• Entertainment Discounts
• Travel Center
• Car Rental Discounts
COMBINED AFSA BENEFITS INFORMATION FORM

UPDATE YOUR INFORMATION NOW!

As part of your AFSA membership, you receive $10,000 Accidental Death Benefits. However, AFSA must have your most current information on file, or you will not qualify for these benefits! If we don’t have accurate, up-to-date information on file, your coverage may be denied! Please take a moment to update your information today! Don’t delay! If you have any questions, call the AFSA National Office at (202) 986-4209 or e-mail afsa@afsaadmin.org. Please PRINT CLEARLY!

Your Information

Salutation: □ Mr. □ Mrs. □ Ms. □ Ed.D. □ Ph.D. □ Other _______ AFSA Local Number: _______1__________

Last Name: ___________________________________________ First Name: _______________________________ MI:____

Job Title (or indicate “retired”): ___________________________ # Years a School Administrator: __________

School District: _______________________________________________________________________________

Home Address: _______________________________________________________________________________

City: ________________________________________________________________________________________ State: _______ ZIP: __________________

Home Phone: __________________________ Cell Phone: __________________________ Fax: __________________________

E-mail Address: ___________________________________________ Male _______ Female _______

Date of Birth (mm/dd/yyyy): ______/_____/_______ Social Security Number: _________-________-_________

Please check all that apply:

□ You may use my e-mail address to send me notices/information from the AFSA National Office and affiliates
□ You may use my e-mail address to send me notices/information from AFSA’s group benefit provider
□ You may use my e-mail address to send me notices/information from organizations to which I am a member as part of my AFSA membership.

Accidental Death Beneficiary Information:

Last Name: ___________________________________________ First Name: _______________________________ MI:____

Home Address: _______________________________________________________________________________

City: ________________________________________________________________________________________ State: _______ ZIP: __________________

Relationship to you: ___________________________ Social Security Number: _________-________-_________

(If you have more than one beneficiary, then attach a sheet with the above information as well as the percentage of the benefit that each beneficiary should receive. Be sure to sign and date the attached sheet).

Your Authorization:

AFSA Member Signature: ___________________________________________ Date: _______________________

This form must be sent or faxed to the CSA Retiree Chapter at:
16 Court Street, Brooklyn, NY 11241 Rm 711 (FAX: (718) 625-6973)

* After verification of membership eligibility it will be forwarded to AFSA.

* For complete description of benefits, visit www.afsaadmin.org.
   Note: Benefits are subject to specific terms and conditions and are subject to change without notice.
Family Members and/or Survivor’s Information Guide

As a benefit to our membership, we have prepared a packet of information which may be helpful to family members of an incapacitated member or a surviving spouse/domestic partner of a deceased member of the CSA Retiree Chapter.

Make sure that your spouse/domestic partner or the person you designate to handle your affairs is familiar with the contents of the packet and is aware of its location. You may also wish to duplicate the completed packet and give a copy to a trusted individual who may be of assistance to the person handling your affairs.

Dealing with the legal ramifications that occur after the loss of a spouse or domestic partner can be difficult or troublesome. We have prepared this list of agencies/organizations that must be notified as soon as possible. The more timely the notifications, the smoother the process will be for implementing survivor’s benefits.

Please fill in & keep the information pages that follow in a secure, convenient location.

Teachers’ Retirement System of the City of New York
55 Water Street, New York, NY 10041
(888) 8-NY-TRS (869-2877)
www.trs.nyc.ny.us

1. Ask about benefits that may be coming to the beneficiary.
2. An original Death Certificate will be required.
3. The entire check for the month of death must be returned (If direct deposit was used, TRS will get the money from the bank). TRS will issue a pro-rata check for the month.

New York City Office of Labor Relations (OLR), Employee Benefits Program
40 Rector Street (3rd Floor)
New York, NY 10006
(212) 513-0470

1. An original Death Certificate will be required.
2. OLR will contact current health insurer. Survivor does not need to do so.
3. If the survivor wishes to continue NYC health coverage under COBRA (a federal law), an application must be made within 60 days of the death of the covered member.

Social Security Administration
(800) 772-1213 (Northeast program center). Check for local center if residing elsewhere. Must call, if the deceased was receiving Social Security and/or Medicare benefits.
www.ssa.gov

CSA Retiree Welfare Fund
16 Court Street, Brooklyn, NY 11241
(718) 624-2600
www.csawf.org

1. Surviving Spouse Benefits continue without cost for 5 years from date of death of the member.
2. Ask for the survivor’s information packet.

CSA Retiree Chapter
16 Court Street, Brooklyn, NY 11241 (Rm 711)
(718) 625-3434
www.csa-nyc.org

1. If the surviving spouse/registered domestic partner was a spousal member, he/she may continue membership with supplemental health benefits for as long as they remain eligible for CSA Retiree Welfare Fund benefits. An application must be completed.
2. If the member was also a member of a CSA Regional Unit, the local representative should be contacted.
INFORMATION FOR FAMILY MEMBERS AND/OR SURVIVORS
OF CSA RETIREE CHAPTER MEMBERS

The following information will be needed to settle my affairs:

1. Date of Birth: ________________________ Place of Birth: ______________________________
2. Copy of my Birth Certificate is in: _______________________________________________________
3. My Social Security #: ________________________________________________________________
4. I retired on (date): ___________________________________________________________________
5. My last work site was: __________________________________________________________________
6. My last job title was: __________________________________________________________________
7. My Pension #: _________________________________________________________________________
8. My Pension Option was: __________________________________________________________________
9. My TDA #: __________________________________________________________________________
10. My TDA Beneficiary (ies): __________________________________________________________________
11. My Health Plan: _______________________________________________________________________
12. My Health Plan ID #: __________________________________________________________________
13. My Spouse’s Health Plan: __________________________________________________________________
14. Other organizational benefits (with contact information):
   a. _______________________________________________________________________________________
   b. _______________________________________________________________________________________
   c. _______________________________________________________________________________________
   d. _______________________________________________________________________________________
ADDITIONAL INFORMATION

The previous data and contact information is specific to CSA retirees. There are numerous additional items that any family member or survivor needs to access quickly and easily.

1. The original (official) copy of my will is located at: _________________________________________________
   _____________________________________________________________________________________________

2. The attorney who has been handling my affairs is: _________________________________________________
   Contact: ___________________________________________________________________________________

3. My tax papers are located at: __________________________________________________________________

4. My accountant is: ____________________________________________________________________________
   Contact: ___________________________________________________________________________________

5. I was a war veteran (yes or no): ______ If yes, veterans claim #: ______________________________________
   Contact Regional Office of the Veteran’s Administration for New York at (800) 827-1000.

6. Organizations which may provided a death benefit (list name, address, and phone):
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

7. ASSETS
   Bank Accounts. Name and location of bank and type of account:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   List of accounts and numbers is kept at/in: _______________________________________________________
   Safety Deposit Box is located at: ________________________________________________________________
   Key and box number is located at: ______________________________________________________________
   List your Investment Broker(s): _________________________________________________________________

8. INSURANCE
   Life insurance policies (contracts) are located at/in: _______________________________________________
   __________________________________________________________________________________________
9. CONTACTS

Specify the purpose for making the contact (religious services, burial society, professional service provider who has valuable information, friend/family member who can contact others or assist in other ways, etc.)

Reason for contact: __________________________________________________________________________
Name (person and/or organization): __________________________________________________________
Address: ___________________________________________________________________________________
Phone #: ___________________________________________________________________________________

Reason for contact: __________________________________________________________________________
Name (person and/or organization): __________________________________________________________
Address: ___________________________________________________________________________________
Phone #: ___________________________________________________________________________________

Reason for contact: __________________________________________________________________________
Name (person and/or organization): __________________________________________________________
Address: ___________________________________________________________________________________
Phone #: ___________________________________________________________________________________

Reason for contact: __________________________________________________________________________
Name (person and/or organization): __________________________________________________________
Address: ___________________________________________________________________________________
Phone #: ___________________________________________________________________________________