



**New York State Correctional Officers
& Police Benevolent Association, Inc.**



SURVIVORS

REFERENCE

GUIDE

BEGIN TODAY

It is wise to have our affairs in order when planning for the future. You may begin by filling out the following pages with personal information about you and your spouse for future reference. It is also a good idea to review the following information with your spouse and/or other family members from time to time, as well as inform them of the location of this document for future use.

Start today by completing the necessary information on the following pages. Don't put off for tomorrow what you should do today! If not for yourself, do it for your family.

The following information will be invaluable references upon your death or the death of your spouse. You, as a retiree should make your spouse, children, beneficiary and/or executor aware of:

- Your Social Security Number;
- Your Retirement Registration Number;
- Options and provisions of the option you chose at retirement;
- Your beneficiary;
- Whether your check is mailed to your home, bank account (via Electronic Fund Transfer – EFT);
- The amount of your monthly benefit; and
- Who and when to call or write when you pass away.

Upon your death, a member of your family must notify the following Departments (via telephone or in writing):

New York State Correctional Officers and Police Benevolent Association, Inc. (518-427-1551 or 1-888-484-7279) (8am – 4pm):

NYSCOPBA provides a \$10,000 death benefit and an additional \$26,000 accidental death and dismemberment benefit for active members.

NYSCOPBA provides \$10,000 death benefit and an additional \$26,000 accidental death and dismemberment benefit for Retired Associate members. Hartford Life provides financial planning for survivors of deceased active or associate NYSCOPBA members (contact NORVEST for assistance). Claims can be sent to:

New York State Correctional Officers and Police Benevolent Association, Inc.
102 Hackett Blvd.
Albany, New York 12209
www.nyscopba.org

NORVEST
930 Albany-Shaker Road
Albany, New York 12110
1-888-869-8252

Agreement between New York State and NYSCOPBA (Article 25.7):

Article 25.7 of the Security Services Bargaining Agreement provides an additional \$50,000 survivor's benefit if the member's death is a result of an accidental, on-the-job injury or disease if it is determined by the appropriate federal authorities that a public safety officer's death benefit is not payable pursuant to Section 3796 through Section 3796-C of Title 42 of the United States Code and provided that the death benefit is paid pursuant to the Workers' Compensation Law. There is also a college tuition component for dependent children (Section 154-b(3) of the Civil Service Law). Questions of eligibility should be directed to NYSCOPBA.

The New York State and Local Employees' Retirement System 518-474-7736 or 866-805-0990

New York State and Local Employees' Retirement System
110 State Street
Albany, New York 12244-0001
www.osc.state.ny.us

The New York State Police and Fire Retirement Systems' 518-474-7736 or 866-805-0990

New York State Police and Fire Retirement System
110 State Street
Albany, New York 12244-0001
www.osc.state.ny.us

The Retirement System will advise them to:

- ❑ Send a certified copy of the death certificate;
- ❑ Return any uncashed Retirement System checks;
- ❑ Not to withdraw from any direct deposit (mail or EFT) funds; and
- ❑ Provide the Retirement System with the name, address and telephone number of a contact person. In most cases, this is the beneficiary.

Many variables affect a deceased member's death benefit under the New York State Retirement Systems'. To determine the type, and amount of death benefit, the beneficiary or designee, must contact the Retirement System.

The New York State Department of Civil Service Employee Benefits Division (518-457-5754 or 1-800-833-4344) (9am – 3pm):

NYS Department of Civil Service Employee Benefits Division
W. Averill Harriman State Office Building Campus
Albany, NY 12239
www.cs.state.ny.us

- 1) The beneficiary is entitled to continued medical coverage for (5) five biweekly pay periods following the lag payment without cost:

- If the member's death is a result of an on-the-job illness of disease, regardless of age or length of employment, the employer pays 100% of the premium as long as the beneficiary remains eligible;
 - If the member's death is not job related and the deceased member had more than 10 years of service, but was not within 10 years of retirement, continuing coverage for family members is available at the family's expense (includes both the employer and employee share of the cost (100%));
 - If the member's death is not job related and the deceased member had less than 10 years of service, continuing coverage for family members is available for 18 months through COBRA (100% of premium plus a 2% surcharge).
- 2) If a member dies and had accumulated vacation accruals, a lump sum payment may be available. A maximum of 240 Hours (30 days) vacation time may be converted into a lump sum cash payment. Contact the facility's Time Room for further information.
- 3) A beneficiary may also receive on last paycheck which was initially held as "lag pay". Contact the facility's Payroll Office for further information.

Social Security Administration (1-800-772-1213) (7am – 7pm):

Social Security may be available for a surviving spouse and/or children. Information can be obtained by calling toll free.

Social Security Administration
Office of Public Inquires
6401 Security Boulevard
Baltimore, Maryland 21235-6401
www.ssa.gov

New York State Deferred Compensation Program (1-800-422-8463) (8am – 11pm):

New York State Deferred Compensation Plan
Administrative Service Agency PW-03-01
P.O. Box 182797
Columbus, Ohio 43218-2797

OR

New York State Deferred Compensation Plan
Room 124
Empire State Plaza
P.O. Box 2103
Albany, NY 12220
(518) 473-6619
www.nysdcp.com

Contact the Facility's Payroll Office or the Fund administrator at the number above.

New York State Workers' Compensation Bureau 877-632-4996

Workers' Compensation may be available if a member dies as a result of a job related injury, illness or disease. Questions concerning WC can be directed to:

New York State Workers' Compensation
20 Park Street
Albany, NY 12207
www.wcb.state.ny.us

Personal Life Insurance:

The deceased member may have purchased Personal Life Insurance. Contact the company from which the policy was purchased.

Credit Union:

Many Credit Unions provide Life Insurance benefits for their participants. Contact your local credit union for details.

Correctional Securities Trust Fund (CST) (518-561-2937 or 1-800-269-3723)

Correctional Securities Trust provides continued coverage and protection of their quality health care during times when:

- 1) A member's income is suspended (other than termination);
- 2) A member has used all accrued leave time (vacation, sick, personal, etc.) and is unable to return to work for any reason.

If a deceased member was a member of the CST Fund, the beneficiary is entitled to a \$2,000 death benefit. Deductions for such participation will show on the deceased member's pay stub. Beneficiary should contact:

CST Benefit Fund
6064 Route 22, Suite 2
P.O. Box 869
Plattsburgh, New York 12901
www.cst-benefit.com

(NOTE: The above is a general overview. For further information, contact the appropriate departments. Have available the deceased member's social security number and date of birth when calling these departments.)

This book belongs to: _____

Union: New York State Correctional Officers & Police Benevolent Association, Inc.

Address: 102 Hackett Blvd Albany NY 12209

Phone: (888) 484-7279 or (518) 427-1551

Fax: (518) 426-1635 **Email:** NYSCOPBA@nyscopba.org

Husband's Employer: _____

Address: _____

Phone: _____

Wife's Employer: _____

Address: _____

Phone: _____

Attorney: _____

Address: _____

Phone: _____

Accountant: _____

Address: _____

Phone: _____

Other Contacts: _____

Address: _____

Phone: _____

INCOME,

SAVINGS,

INVESTMENTS

Social Security (1-800-772-1213):

Local S.S. Office Address: _____

Phone: _____

Husband's S.S. # _____

Wife's S.S. # _____

Pensions:

Husband's Employer: _____

Address: _____

Phone: _____ Registration #: _____

Wife's Employer: _____

Address: _____

Phone: _____ Registration #: _____

Deferred Compensation (1-800-422-8463):

(401-K or 457 plans)

HUSBAND:

Employer or Plan Administrator: _____

Address: _____

Phone: _____ Where Held: _____
WIFE:

Employer or Plan Administrator: _____

Address: _____

Phone: _____ Where Held: _____

Annuity Plan:

HUSBAND:

Company: _____

Address: _____

Phone: _____ Representative: _____

WIFE:

Company: _____

Address: _____

Phone: _____ Representative: _____

NYS Veterans' Benefits (1-888-838-7697):

HUSBAND:

VA Office: _____

Phone: _____ **G.I. #** _____

WIFE:

VA Office: _____

Phone: _____ **G.I. #** _____

Savings Account(s):

Husband's Bank: _____

Address: _____

Phone: _____ **Account #** _____

Wife's Bank: _____

Address: _____

Phone: _____ **Account #** _____

Checking Account(s):

Husband's Bank: _____

Address: _____

Phone: _____ **Account #** _____

Wife's Bank: _____

Address: _____

Phone: _____ **Account #** _____

Credit Union(s):

Husband's C.U.: _____

Address: _____

Phone: _____ Account # _____

Wife's C.U.: _____

Address: _____

Phone: _____ Account # _____

Savings Certificate(s):

Husband's Bank: _____

Address: _____

Phone: _____ Certificate # _____

Due Date: _____ Value: _____

Wife's Bank: _____

Address: _____

Phone: _____ Certificate # _____

Due Date: _____ Value: _____

Individual Retirement Accounts (IRAs):

Husband's IRA: _____

Address: _____

Phone: _____ Account # _____

Wife's IRA: _____

Address: _____

Phone: _____ Account # _____

Stocks & Bonds:

Husband's Brokerage Firm: _____

Address: _____

Phone: _____ Broker: _____

Name or Type of Bond: _____

Serial Number: _____ Face Value: _____

Wife's Brokerage firm: _____

Address: _____

Phone: _____ Broker: _____

Name or Type of Bond: _____

Serial Number: _____ Face Value: _____

Mutual Fund(s):

Husband's Mutual Fund: _____

Address: _____

Phone: _____ Account #: _____

Wife's Mutual Fund: _____

Address: _____

Phone: _____ Account #: _____

Safety Deposit Box:

Bank Name: _____

Address: _____

Phone: _____ Key Number: _____

Key Location: _____

Person Authorized to Open Box: _____

Contents: _____

Notes: _____

INSURANCE

COVERAGE

Life Insurance:

HUSBAND:

Employer Plan: _____

Amount: _____ Beneficiary: _____

Phone: _____

Additional Life Insurance:

Company: _____

Address: _____

Policy Number: _____ Amount: _____

Premium Due: _____ Beneficiary: _____

Policy Located: _____

Agent: _____ Agent Phone #: _____

WIFE:

Employer Plan: _____

Amount: _____ Beneficiary: _____

Phone: _____

Additional Life Insurance:

Company: _____

Address: _____

Policy Number: _____ Amount: _____

Premium Due: _____ Beneficiary: _____

Policy Located: _____

Agent: _____ Agent Phone #: _____

Health/Disability Insurance:

HUSBAND:

Company: _____

Address: _____

Phone: _____ **Policy #:** _____

Amount: _____ **Premium Due:** _____

WIFE:

Company: _____

Address: _____

Phone: _____ Policy #: _____

Amount: _____ Premium Due: _____

Homeowners Policy:

HUSBAND:

Company: _____

Address: _____

Phone: _____ **Policy #:** _____

Amount: _____ **Premium Due:** _____

Policy Located: _____

WIFE:

Company: _____

Address: _____

Phone: _____ Policy #: _____

Amount: _____ Premium Due: _____

Policy Located: _____

Auto Insurance:

HUSBAND:

Make Auto #1: _____ **Vehicle #:** _____

Company: _____

Address: _____

Phone: _____ **Policy #:** _____

Agent: _____ **Agent's Phone #:** _____

Location of Policy: _____

WIFE:

Make Auto #2: _____ **Vehicle #:** _____

Company: _____

Address: _____

Phone: _____ **Policy #:** _____

Agent: _____ **Agent's Phone #:** _____

Location of Policy: _____

Workers Compensation (877-632-4996):

HUSBAND:

Company: _____

Address: _____

Phone: _____ Policy #: _____

Agent: _____ Agent's Phone #: _____

Location of Policy: _____

WIFE:

Company: _____

Address: _____

Phone: _____ Policy #: _____

Agent: _____ Agent's Phone #: _____

Location of Policy: _____

DEEDS,

TITLES,

&

CREDIT

Home:

Mortgage Company: _____

Address: _____

Phone: _____ **Account #:** _____

Monthly Payment: _____ **Due Date:** _____

Location of Title: _____

Other Property:

Site: _____ **Lot #:** _____

Mortgage Company: _____

Address: _____

Phone: _____ **Account #:** _____

Monthly Payment: _____ **Due Date:** _____

Location of Title: _____

Site: _____ **Lot #:** _____

Mortgage Company: _____

Address: _____

Phone: _____ Account #: _____

Monthly Payment: _____ Due Date: _____

Location of Title: _____

Automobile Title(s):

HUSBAND:

Make of Vehicle: _____ Vehicle #: _____

Lender: _____

Address: _____

Phone: _____ Monthly Payment: _____

Location of Title: _____ Registration: _____

WIFE:

Make of Vehicle: _____ Vehicle #: _____

Lender: _____

Address: _____

Phone: _____ Monthly Payment: _____

Location of Title: _____ Registration: _____

Credit Card(s):

Company: _____ Phone #: _____

Name on Card: _____ Card #: _____

Company: _____ Phone #: _____

Name on Card: _____ Card #: _____

Company: _____ Phone #: _____

Name on Card: _____ Card #: _____

Company: _____ Phone #: _____

Name on Card: _____ Card #: _____

Company: _____ **Phone #:** _____

Name on Card: _____ **Card #:** _____

Gravesite(s):

Site: _____ **Lot #:** _____

Location of Title Papers: _____

Site: _____ Lot #: _____

Location of Title Papers: _____

Personal Debt(s):

Whom Owed: _____

Address: _____

Phone: _____ **Account #:** _____

Amount Owed: _____ **Payment Due Date:** _____

Whom Owed: _____

Address: _____

Phone: _____ Account #: _____

Amount Owed: _____ Payment Due Date: _____

Whom Owed: _____

Address: _____

Phone: _____ **Account #:** _____

Amount Owed: _____ **Payment Due Date:** _____

FUNERAL

MEMORIAL

ARRANGEMENTS

HUSBAND:

Funeral Home: _____

Address: _____

Phone: _____

Body Cremated By: _____ **Phone:** _____

Body Donated To: _____ **Phone:** _____

Organs Donated to: _____ **Phone:** _____

Location of Donor Card: _____

Memorial Services:

Cemetery: _____ **Lot:** _____

Funeral At: _____

Religious Services: _____

Memorial At: _____

Other: _____

WIFE:

Funeral Home: _____

Address: _____

Phone: _____

WILLS

AND

PERSONAL

EFFECTS

Wills:

HUSBAND:

Will Dated: _____ **Executor:** _____

Drawn Up By: _____
(Attorney)

Address: _____

Phone: _____

Location of Original: _____

Location of Copies: _____

WIFE:

Will Dated: _____ **Executor:** _____

Drawn Up By: _____
(Attorney)

Address: _____

Phone: _____

Location of Original: _____

Location of Copies: _____
