

November, 2022



The Call Box



Lodge NY 3100 **Board of Officers**

President - Arnie Dansky
561-822-6087

1st VP - Joe Berardi
561-531-2995

2nd VP / CHAPLAIN
Madeline Schaeffer
516-343-2688

Secretary - Paul W. Read
561-598-9834

Treasurer- Mario Villao
561-632-0965

Sgt. @ Arms - Mike Rowan
561-289-7273

Inner Guard - Jannette LaSota
561-409-7374

Outer Guard - Mike McLouglin
917-292-5697

Editor - Harvey Feit
561-969-8568

Web Master - Guy Van Noy
561-320-7040

Attorney - Hector Hernandez
917-440-5509

Immediate Past President,
President Emeritus
Stanley Kriegsman
561-703-5846

I hope this message finds all our members well and ready to get their belly full on Thanksgiving. This month starts the craziness that we call the Holiday Season. It can be a joyful time, as we spend these days with friends and family, and it can be a trying time as we remember those that are not here to celebrate with us. We must try and balance the two thoughts and just be thankful for what we had and what we have.

For our lodge it is a tedious time as we work to finish the dues renewal, and at the same time plan for our infamous Holiday Bash at Benvenuto's. It is not till that is over that your Executive Board can relax and take a breath before beginning next years agenda. There is more on the party inside these pages.

Hurricane Ian played havoc on many Florida residents. We have teamed with the Palm Beach 10-13 and Team South Florida to assist in trying to make life a little easier for those on the West Coast of our state. During our First Annual Golf Outing we have put over \$2000.00 in a fund to help those in need. We have to thank our committee, which was headed by Secretary Paul Read, for a fabulous event. (You can go to our website to see all the pictures.) We will continue to collect and distribute whatever is needed on the West coast. The National and State FOP under the guidance of Pat Yoes, National President and Steve Zona, Florida State President, were also heavily involved in the search and rescue efforts. We have been in contact with them and thanks to member Bob DeFrancesco a connection was made with JFK Airport to send supplies down to the stricken areas. This will be a long process for recovery and we will try to do what we can to assist.

November, 2022

All that said as we move past the holiday season the next year looks to be a bright one for our lodge. So far we are planning the Annual Picnic at Morikami Park in Boca Raton. The date for that is February 5th, 2023. More to come on that. The second golf outing is also in the planning stages and that is set for October 6th, 2023. Get your foursomes together and tee off. We will be moving around a bit and hope to make some northern and western members happy by having a meeting in their areas. So as I said the future looks bright.

I know many NYPD members are on edge about their health plans and what the city will decide. It is all in the hands of the courts, as we speak. We will say no more until there is something more definitive because mis-information is the worst kind.

There is much to read inside these pages so browse through it and stay safe out there.

ARME DANKY

President

Next Meeting Date:

November 17, 2022

At 7:00 PM

Boynton Beach FOP Hall
1200 Miner Road
Boynton Beach.

November, 2022

Associate Members of Lodge NY 3100

Dr. Paul Bonheim, Radiology, 516- 448-2314

Dr. Robert Carida, Cardiologist, Delray Beach, 561-499-2585

Dr. Jeffrey M. Cohen, Cosmetic Dentist, 561-967-8200

Dr. James Devoursney, Dermatology, Boynton Beach, 561-752-8000

Dr. David C. Hellman. Gastroenterology, W. Palm Beach, 561-733-0379

Dr. Steven Mautner, Dentist, Margate, 954-978-8866

Dr. Daniel McGuire, Gastroenterology, Boynton Beach, 561-738-5772

Dr. Sirtaz Sibia, Ophthalmology, Boynton Beach, 561-752-0075

Jarred Smoke, Insurance, Boynton Beach, 561-244-7700

Dr. Richard Montag, Boynton Beach 516-236-3002

Dr.Jorge Torrejon, Dentist 561-374-7990



November, 2022

FOP 3100 Holiday Party

Merry Hanukkah
Happy Christmas



At Benvenuto's on December 14, 2022

Located at:

1730 N. Federal HWY, Boynton Beach, FL 33435

Cost Per Person for Members \$80.00

Per Person for Guests \$90.00

Please send checks made out to FOP 3100,
to: 8927 Hypoluxo RD., Suite A-4, Box 3100, Lake Worth,
FL 33467



State of Florida Fraternal Order of Police Lodge NY 3100

PO Box 3100
8927 Hypoluxo Road, Ste. A-4
Lake Worth, FL 33467-5249
e-mail: FLFOPNY3100@GMAIL.COM
FLFOPNY3100WEB: www.flfopny3100.com

MEMBERSHIP APPLICATION

If you would like to join NY Lodge 3100, please complete this form and mail it to the Lodge with the appropriate dues and a copy of your retired law enforcement officer ID from any NY Law Enforcement Agency. The annual dues for retired NY Law Enforcement personnel are \$50.00; new members must pay an initiation of fee \$10 making the new members cost \$60.00 total. Please make your check payable to the FOP LODGE NY 3100 and mail it to the address listed above. Retired NY law enforcement personnel who reside anywhere in the State of Florida are eligible to become members. Please remember \$5 of either payment \$50 or \$60 goes directly into our Funeral Fund and is not added to the general fund of the Lodge NY 3100

Last Name _____ First _____ MI _____

Street Address: _____

City: _____ State: _____ Zip _____ - _____

DOB: _____ (Only used to wish you a Happy Birthday) Las4 4 of SS # _____

Beneficiary's Name: _____ Relation _____ Tele No. _____

Your E-mail _____ . Home Tele _____ . Cell _____

Additional Address ("Snow-Bird Information"):

Street Address: _____ CSZ _____

Tele _____ Work Tele _____ LAW ENFORCEMENT INFORMATION (Must be a RETIRED officer from any NY Law Enforcement Agency)

Agency Retired From: _____ Command: _____

Rank: _____ Shield # _____ Date Retired: _____

If you are a Retired NY Police Officer working for a Florida Law Enforcement Agency,

Name of Agency: _____ Rank: _____

NON LAW-ENFORCEMENT OCCUPATION:

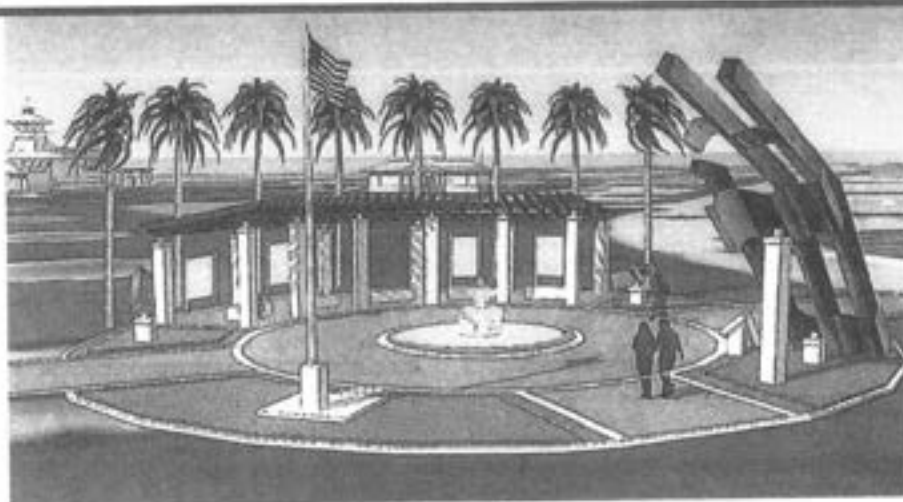
Name: _____

Title: _____ Company: _____ Product/Service _____

To the Officers of the Fraternal Order of Police: I, the undersigned, an Active Retired New York law enforcement officer, do hereby make application for Membership in FL FOP Lodge NY 3100. If my membership should be revoked or discontinued for any cause while in good standing, I do hereby agree to return to said Lodge my membership card and any other material bearing the F.O.P. insignia, such as auto emblem, lapel pin, etc.

MEMBER'S SIGNATURE: _____ Date: _____

SPONSORSHIP OPPORTUNITIES



PAVER SPONSORSHIP OPPORTUNITIES



3 Lines of Text – 13 Characters (including spaces) Per Line

Line 3

[illegible]

5 Lines of Text – 13 Characters (including spaces) Per Line

Line 3

[illegible]

[illegible]

SPONSORSHIP OPPORTUNITIES



\$1,000

6 OF 12 AVAILABLE

Memo: Patriot Memorial

Attention: **Michelle Diaz**

Wellington, FL 33414

For questions, please contact: *Michelle Diaz at 561-791-4117 or michelled@wellingtonfl.gov*

November, 2022

Here are the pictures of the shirts and hats.

Blue and White long sleeve dry fit shirts are \$25 + shipping

Blue and White short sleeve dry fit shirts are \$20 + shipping

Golf Shirts in Blue, White and Red dry fit are \$25 + shipping

Hats are 17 + shipping They are velcro fitted in back

Lady Sizes in Short Sleeve Blue and White are \$20.00 + shipping



November, 2022



November, 2022



Please Check out our New Website

(Click on Link above) or go to

<https://www.flfopny3100.com>

Password has been distributed at our last meeting. If you need it contact a Board Member.

November, 2022



★ **December 17, 2022** ★

National Wreaths Across America Day



**Help Wreaths Across
America SFNC
honor local heroes!**

Sponsor a wreath today to be placed on
a Veteran's grave this December at the
South Florida National Cemetery.

Scan the QR code to the right with your smart phone
camera to make a donation online or visit
<https://wreathsasscrossamerica.org/FL0134>



WREATHS
across
AMERICA

www.wreathsasscrossamerica.org



#FindAWay2022!

November, 2022



Wreath Sponsorship Form

Sponsored wreaths are placed on grave markers at state and national veterans' cemeteries, as well as at local, community cemeteries each December. Wreaths may also be sponsored online at www.WreathsAcrossAmerica.org. If you wish to make your sponsorship with a credit card, please visit our website for a secure online transaction.

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Please make checks payable to:

**Wreaths Across America
PO Box 249
Columbia Falls, ME 04623**

Call 877-385-9504 with any questions.
Thank you for your sponsorship and joining us in our
mission to Remember, Honor and Teach!

Sponsorship Type	Price	Quantity	Total
Individual = 1 Wreath	\$15.00		
Mailed "In Honor" card = If you wish to send a physical honor card telling someone of your sponsorship, please see "In Honor" section below. The \$2 fee is required for this mailing.	\$2.00		
Family = 4 Wreaths	\$60.00		
Small Business = 10 Wreaths	\$150.00		
Corporate = 100 Wreaths	\$1,500.00		
		Grand Total	

GRAVE SPECIFIC REQUESTS ARE NOT ACCEPTED ON THIS FORM

In Honor of:

Below, please provide email or mailing address of "In Honor of" recipient so we can notify them of your sponsorship in their honor. If you have a specific message please write it on the back of this sheet.

Email address: _____

Mailing address: _____

In Memory of:

This name will be listed on our online memory wall. Below, please provide name, rank, branch of service and state resided.

Branch of Service: _____

Rank: _____

State: _____

Please note, **ALL** sponsored wreaths are shipped directly to the location and **NO** wreaths are sent to the individuals purchasing sponsorships.

Location ID: FLSFNL

Group ID: FL0134

FOR OFFICE USE ONLY:

Cash: _____

Total: _____ Date Received: _____

Total No. Checks: _____

Reconciled: _____

MO: _____

Entered: _____

GEN: _____

November, 2022

2023 NYPD FLORIDA REUNION LUNCHEON – SAME PLACE AS LAST YEAR

DATE: Thursday, February 09, 2023 / 12:00pm to 4:00pm

*****\$50 per person (MUST PREPAY) Check must be received by December 30, 2022**

Sold Out!

PO Box 934

Marco Island, FL 34146

TABLE RESERVATIONS: Minimum of 10 people / Maximum of 12 people. Please list a contact person's **PHONE NUMBER** for your table.

If you are part of a group of less than 10 & would like to sit together, include the checks from each member of your party along with each individual's phone # in the same envelope.

If you are not at a reserved table, you will be assigned to a table. If you wish to sit with or near a certain command, ie: 24 Pct, Intel, please include your request when sending in your check.

Note: Please include a phone number with check. **NO PAYMENTS WILL BE ACCEPTED AT THE DOOR.**

Committee:

E-mail Addresses

Bill Callahan	william02@optonline.net
Harvey Grape	grape268@yahoo.com
Diane Bolte	dianesb1051@gmail.com
Walter Silbert	mwsilbert9@gmail.com
Bill Giblin	gibbyonmarco@outlook.com
Ed Vincenzi	taste48@aol.com

"In Memoriam"

Jimmy Peace (founding member) Captain, Retired - RIP 2/20/21

Jack Hartigan, Deputy Chief, Retired - RIP 9/19/20



PBC 10-13 Club and
FOP Lodge NY 3100 Present:



NY Rangers Vs. FL Panthers

Sat. March 25th, 2023

5:00 Game Start

LIMITED TICKETS AVAILABLE

Cost: \$125.00 pp which includes a Club Level Seat, A Group Photo taken on the Ice* after the game, and Roundtrip Transportation via a Deluxe Motor Coach (WiFi – Rest Room onboard and USB outlet by each seat)

To purchase your ticket(s) you can pay in person at the FOP or 10-13 Meeting, or mail a check to PBC 1013 Club
Post Office Box 1511, Boynton Beach FL, 33435

For more payment options contact the PBC 10-13 club at
Hockeygame325@gmail.com

*No outside team gear (ie. Rangers logo clothing, will be permitted in the group photo.

THIS EVENT IS OPEN TO FRIENDS AND FAMILY OF FOP AND 10-13 CLUB MEMBERS. TICKETS ARE FIRST COME, FIRST SERVE.



November, 2022



**The School District of Palm Beach County
Police Department**



SCHOOL POLICE OFFICERS

NOW HIRING RETIRED POLICE OFFICERS

Ask about 76 hrs Florida Law Enforcement Cert (EOT) Class

FULLTIME BENEFITS INCLUDE:

- Similar School Teacher Yearly Schedule (1600 HRS YR)
- Paid Sick/Personal Leave
- Paid Holidays
- Overtime Available
- PBA Police Union Available
- Medical, Dental, Vision & Life Insurance
- Florida Retirement System (FRS) Special Risk (3% per year)
- FRS Defined Benefits Pension Plan (8 year vest) or FRS Investment Plan (1 year vest)
- Career Ladder Program
- (8) year D.R.O.P. Plan (60 years old and 8 years of service qualify)
- **Military Police** may qualify for FDLE 76 hr EOT Cert

Starting Salary \$49,406

FOR MORE INFORMATION CONTACT:

Det. Supervisor, John "Jack" McCarthy@ 516.375.1999 or

John.M.McCarthy@PalmBeachSchools.org

www.palmbeachschools.org/careers

The School District of Palm Beach County is an Equal Education Opportunity Provider and Employer

November, 2022

METRO

Off-duty NY cop robbed of shield, wallet at gunpoint in Bronx

By

Tina Moore

October 23, 2022 1:01pm

An off-duty New York cop was mugged at gunpoint in The Bronx early Sunday, with the crooks making off with his wallet — and police badge, the NYPD said. Four men approached the 36-year-old Walkill officer and a 35-year-old pal near Merritt and Givan avenues around Co-op City about 1 a.m., police said. One of the suspects pulled a gun and demanded the victims' property, cops said. The cop lost his wallet and shield in the stick-up, and both men also were forced to cough up credit cards, a watch, bracelet and cell phone between them, police said.

The victim, who lives in Middletown, and his friend were in an industrial area when the stick-up happened. [Google Maps](#)

The criminals then jumped into a black 2016 Mercedes-Benz with Pennsylvania plates and sped off, cops said.

The victim, who lives in Middletown, and his friend were in an industrial area when the stick-up happened.

**WELCOME TO
FEAR CITY**



A Survival Guide for Visitors to the City of New York

November, 2022



Cost-of-Living Adjustment (COLA) Information for 2023

Social Security and Supplemental Security Income (SSI) benefits for approximately 70 million Americans will increase 8.7 percent in 2023.

The 8.7 percent cost-of-living adjustment (COLA) will begin with benefits payable to more than 65 million Social Security beneficiaries in January 2023. Increased payments to more than 7 million SSI beneficiaries will begin on December 30, 2022. (Note: some people receive both Social Security and SSI benefits)

Read more about the [Social Security Cost-of-Living adjustment for 2023](#).

The maximum amount of earnings subject to the Social Security tax (taxable maximum) will increase to \$160,200.

The earnings limit for workers who are younger than "full" retirement age (see [Full Retirement Age Chart](#)) will increase to \$21,240. (We deduct \$1 from benefits for each \$2 earned over \$21,240.)

The earnings limit for people reaching their "full" retirement age in 2023 will increase to \$56,520. (We deduct \$1 from benefits for each \$3 earned over \$56,520 until the month the worker turns "full" retirement age.)

There is no limit on earnings for workers who are "full" retirement age or older for the entire year.

Read more about the [COLA, tax, benefit and earning amounts for 2023](#).

November, 2022



Office of Labor Relations

22 Cortlandt Street, New York, NY 10007
nyc.gov/olr

Renee Champion
Commissioner

Daniel Pollak

First Deputy Commissioner

Nicole Andrade

General Counsel

Claire Levitt

Deputy Commissioner

Health Care Strategy

Georgette Gestely

Director, Employee Benefits Program

Via Email

October 28, 2022

Harry Nespoli
Chair
Municipal Labor Committee
55 Water Street, 23rd Floor
New York, NY 10038

Dear Mr. Nespoli,

I write to follow-up on my letter of October 13, 2022, regarding the implementation of the Medicare Advantage Plus ("MAP") plan.

In that letter, I indicated that if the legislation amending Administrative Code 12-126 and mutually supported by the City and the MLC is not passed by the City Council by November 23rd, the City would seek relief from Marty Scheinman. I understand no bill has been introduced at the Council to date and passage by November 23rd is virtually impossible at this point. The City continues to lose \$50 million a month for every month this plan is delayed, putting our shared goals in significant jeopardy. We must move forward with the MAP plan in any way that we can, as quickly as we can.

Considering the lack of progress at the Council, if there are no updates on a swift timeline for passage of this legislation by November 4th, we intend to request that Mr. Scheinman order immediate implementation of a Medicare Advantage plan with the elimination of all other plans that otherwise would have been offered to retirees, consistent with Justice Frank's Supreme Court decision.

Very truly yours,

A handwritten signature in black ink, appearing to read "Renee Champion".

Renee Champion

November, 2022

[The Appellate Court Hearing on 10/27/2022](#)
Awaiting Decision



Your friends, and retirees in SOLIDARITY...

The NYC Organization of Public Service Retirees

**Donations are Needed! It is Fall, but we need to
keep donations coming in to fund our litigation!**

TO DONATE TO THE LEGAL FUND

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

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

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

The fundraiser group is incorporated as a Non-Profit. ALL proceeds go to fund the organization and its legal challenge. Volunteer retirees are running this effort. Our 501C3 is pending.

TO DONATE, HERE ARE 4 SIMPLE WAYS!

1. Zelle using email

nycorgofpublicserviceretirees@gmail.com

2. Make your check out to:

NYC Organization of Public Service Retirees

PO Box 941

Venice, FL 34284 (our treasurer lives in FL)

3. Paypal

4. We Now Accept Donations via VENMO

VENMO is a Phone App or can be used on a **PC or Tablet**

You can download and install the Phone App from the Android Play Store or Apple App Store. There may be fees involved using this method.

Our ID is: @NYCRetirees

If you are on this list, it is because you subscribed to hear what we are doing as an organization that represents all NYC Municipal workers in protecting their Health benefits in retirement.

Currently, we have a FACEBOOK page located here: <https://www.facebook.com/groups/>

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

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

November, 2022



NYC Health Benefits Program

[NYC OLR Retiree Linked Web Page](#)

For Information and City Forms

Annual Fall Health Benefits Transfer Period

The Fall 2022 Annual Health Benefits Program Transfer Period for Employees and Retirees is **November 1, 2022 through November 30, 2022**. Health plan changes requested during the Transfer Period will be effective January 1, 2023.

Retirees

- View the [Retiree Notice](#) for more information and instructions.
- To make changes during the Transfer Period, download the [Retiree Health Benefits Application](#)
- View the [Rate Charts for Retirees](#)
- View the [Health Benefits Summary Program Description](#) (SPD)
-

(Click on Blue Links to open Web Pages)

Information regarding the NYC Medicare Advantage Plus Plan

New York City was notified on July 15, 2022 that Anthem/Empire Blue Cross Blue Shield has withdrawn its participation in the NYC Medicare Advantage Plus Plan. The City and the Municipal Labor Committee continue to believe that a customized Medicare Advantage Plan provides the retirees, the City and its taxpayers with the best opportunity for high quality healthcare. We remain committed to moving forward with the program and are exploring alternative options.

All retirees will remain in their current plans until further notice.

We will post updates for retirees as we have more information. Changes to the GHI/Empire BlueCross BlueShield Senior Care plan

Retirees were mailed a letter in December 2021 regarding changes to the GHI/Empire BlueCross BlueShield Senior Care plan. These changes were effective January 1, 2022.

Learn more (Click on Blue Links to open Web Page.)

Below are the instructions on how to enroll or disenroll into an Advantage Plan Such as Aetna during the transfer period.

1. First attachment – Health Benefits Program application and change form
 - You'll need to complete Section C (top right corner of the form)
 - Select "Transfer Period" .
 - (Open until further notice.)
2. Second attachment - is the Aetna enrollment, each Medicare eligible person will need to complete (you and your spouse or domestic partner)
Once you have completed the enrollments (step 1 & 2).
(Follow the Instructions on the Aetna Form.)
3. If you are enrolling or disenrolling in an Advantage Plan you will need to get the proper forms and fill out a NYC Health Benefits Application.
(This would also include going from an Advantage Plan into GHI Senior Care.)

Employer Group Enrollment Form Instructions

Answer all questions completely. Incomplete or incorrect information may delay the start of your coverage. The instructions for each section of this enrollment form are below. You can use this form to enroll or to 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/union/trust information	Write the name of the former employer/union/trust offering this health plan (the company you retired from). List the Class Code if you know it. (This information may be pre-filled.)
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.
Tell us your provider	For Aetna Medicare Plan (HMO): You're required to have a Primary Care Provider (PCP) on file with us. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at AetnaMedicare.com/findprovider . Please note that a specialist is not considered a valid PCP. For Aetna Medicare Plan (PPO): You have the option to choose a Primary Care Provider (PCP). When we know who your doctor is, we can better support your care. Write in the full name of your PCP, their Provider ID and their Primary Care ID. You'll find this information in our online provider directory at AetnaMedicare.com/findprovider . Please note that a specialist is not considered a valid PCP.
Your information	This is your name, address, phone number, etc. Please 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.
Tell us more about yourself	Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
Important information	Read this information carefully.
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 the original	Make a copy of the completed 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 be included for your convenience.

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

Phone number:	1-800-307-4830 (TTY: 711)
Hours:	Monday through Friday, 8 AM to 9 PM ET
Mail to:	Aetna - Attn: City of New York - Mail Code F314 PO Box 818013, Cleveland, OH 44181-8013
Website:	https://CONY.AetnaMedicare.com
Fax Number:	1-860-907-3010
Contact Name:	CONYMailbox@aetna.com

EG23

Prospective member name	Effective date: / /
--------------------------------	-------------------------------

Former employer/union/trust information Write the name of the former employer/union/trust offering your retiree health plan unless this information is pre-filled.	
--	--

City of New York (leave class code blank)	Class Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	---

Health plan selection

Check the box next to the plan you want to enroll in. For more plan details, look at the benefit summary included in your enrollment kit. **Make sure to read the important health plan disclosures on the last page of this form.**

<input type="checkbox"/> Plan selection	MA ESA PPO - NO RX
<input type="checkbox"/> Plan selection	MAPD ESA PPO - WITH RX

Are you enrolled in another Medicare Advantage plan? If yes, fill in 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 Provider (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.aetna.com/findprovider) or call the phone number on the instructions page of this enrollment form. **Please note that a specialist is not considered a valid PCP.**

Full name of your PCP (first and last name)	Are you a current patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Provider ID (located in the provider directory):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	---

Primary Care ID (located in the provider directory):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	---

Your information

Last name **First name** **Middle initial**

Birth date ____ / ____ / ____ M M / D D / Y Y Y Y	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Phone number (____) ____ - ____ Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

Email address _____

Permanent residence street address – including Apt/Suite/Unit (a PO Box is not allowed) _____

City	County	State	ZIP Code
-------------	---------------	--------------	-----------------

Mailing address – including Apt/Suite/Unit (if different from your permanent street address) _____

City	State	ZIP Code
-------------	--------------	-----------------

Your Medicare information

This information is on your red, white and blue Medicare insurance card
You must have Medicare Part A and Part B to join a Medicare Advantage Plan

Medicare Number: ____ - ____ - ____ **Effective Date:** ____ / ____ / ____

HOSPITAL (Part A) ____ / ____ / ____

MEDICAL (Part B) ____ / ____ / ____

Please read and answer these important questions

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Are you the retiree? If “Yes,” retirement date: ____ / ____ / ____
If “No,” name of retiree: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Are you covering a spouse or dependents under this employer, trust or union plan?
If “Yes,” name of spouse: _____
Name(s) of dependent(s): _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Will you have other <u>prescription</u> 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 # for this coverage: _____
Group # for this coverage: _____ |

Prospective member name	Effective date: / /
--------------------------------	-------------------------------

Please tell us a little more about yourself

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Cuban
- ☐ **I choose not to answer.**

What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | |
| <input type="checkbox"/> I choose not to answer. | | |

Indicate your preferred **spoken language** (if not English):

- ☐ Spanish ☐ Other (please specify): _____

Indicate your preferred **written language** (if not English):

- ☐ Spanish ☐ Other (please specify): _____

If you need information in another language or accessible format (for example, large print or braille), contact us at **1-800-307-4830 (TTY: 711)** 8 AM to 9 PM ET, Monday through Friday.

Prospective member name

Effective date:

/ /

Please read this section carefully and sign below

By completing this enrollment application, I agree to the following: Aetna Medicare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare 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. 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 (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances.

The Aetna Medicare plan serves a specific service area. If I move out of the area that Aetna Medicare 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 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 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.

HMO plans: I understand that beginning on the date Aetna Medicare 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 plan and other services contained in my Aetna Medicare 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 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 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 PLAN WILL PAY FOR THE SERVICES.**

I understand that beginning on the date Aetna Medicare coverage begins, I must get all of my health care from Aetna Medicare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Aetna Medicare and other services contained in my Aetna Medicare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR AETNA MEDICARE WILL PAY FOR THE SERVICES.**

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.

(continued on next page)

Prospective member name	Effective date: / /
--------------------------------	-------------------------------

Please read this section carefully and sign below (*continued*)

Release of Information: By joining this Medicare Advantage plan, I acknowledge that the Aetna 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 that 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.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. 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

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193

Line of Duty Deaths
THIS YEAR

650

Line of Duty Deaths
LAST YEAR

1,805

Line of Duty Deaths
LAST FIVE YEARS

2,598

Line of Duty Deaths
LAST TEN YEARS

26,020

Line of Duty Deaths
FOR ALL TIME

Total Line of Duty Deaths 192

•	9/11 related illness	•	Gunfire (Inadvertent)
	2		4
•	Accidental	•	Heart attack
	1		9
•	Aircraft accident	•	Heatstroke
	6		1
•	Animal related	•	Motorcycle crash
	1		1
•	Automobile crash	•	Struck by vehicle
	27		3
•	COVID19	•	Training accident
	64		1
•	Duty related illness	•	Vehicle pursuit
	5		3
•	Fire	•	Vehicular assault
	1		11
•	Gunfire		
	53		

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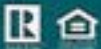
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