

March, 2022



# The Call Box

## President's Message



Inflation, Covid, War in Ukraine, War on Cops, so I ask when will it all end? Wherever you go, wherever you turn, prices are going through the roof. Our pensions, that we fought so hard for keeps diminishing and there is no end in sight. We, as a nation, can only keep the faith and pray that we can survive these crazy times and once more become the leader in the free world. God Bless this great nation for this is still the one place that others want to come to as they flee their own.

F.O.P. Lodge NY3100 continues to grow. Our goal is to reach 600 members this year. We are counting on you, our members, to help us reach that goal. If you have a friend, a neighbor, or a family member who is retired and lives in paradise, get them to join. I realize we are a statewide lodge and it is near impossible to meet and greet all our members, but the more members we have maybe we can get the state to help us secure chapters in other places.

There is no other lodge like ours in the country so we are the poster lodge for all that could be. Active lodges will accept us but frown upon us sitting at a meeting while they talk issues of importance related to their members. We are RETIRED from another state, so we need to be amongst ourselves and yet still support those that are in the streets. Bottom line, the more the merrier.

Had great picnic in Delray Beach yesterday. There were over 150 attendees and a good time was had by all. Many came from a great distance(North and South of Delray) to attend. Wish all could attend but we are working on some ideas to include members from all over.

This months meeting will be on the 24th of March and will begin at 7PM(1900 hrs) in Boynton Beach. We will have some new articles for sale so open your wallets and let the flies out..

April 14th is the date for our annual HR218 shoot in Pt. St. Lucie and hopefully Met minor league game. The shooting cycles start at 9AM and will continue until all are qualified. Please email us([fl\\_fop\\_ny3100@hotmail.com](mailto:fl_fop_ny3100@hotmail.com)) so you can be scheduled for the shoot. If we can we will schedule another cycle in the fall.

Stay alert out there and be safe.

*Arnie Dansky*

**President**

## 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 - Janette Lasota  
561-409-7374

Outer Guard - Mike McLouglin  
917-292-5697

Editor - Harvey Feit  
561-969-8568

Past President & Editor Emeritus  
Stanley Kriegsman  
561-703-5846

MARCH, 2022

SUNDAY FEBRUARY 27, 2021  
PBC 10-13  
FOP 3100  
PICNIC





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## **Associate Lodge 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







## State of Florida Fraternal Order of Police Lodge NY 3100

Box 3100

8927 Hypoluxo Road, Ste. A-4

Lake Worth, FL 33467-5249

e-mail: [FL\\_FOP\\_NY3100@HOTMAIL.COM](mailto:FL_FOP_NY3100@HOTMAIL.COM)

WEB: [www.fop-lodge-ny3100.com](http://www.fop-lodge-ny3100.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"):

StreetAddress: \_\_\_\_\_ 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.

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## Editors Note

If any of our members from any New York State agency have any important information they would like me to include in the future newsletters, I would be very happy to do so.

Sincerely Yours,  
Harvey Feit  
Editor

## Scams

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### Your Utility Bill Is Past Due: Pay Now or Get Cut Off

Heat waves make having reliable air conditioning and fans, and the electricity that powers them, essential. Scammers will impersonate utility providers by phone (though sometimes other ways — email, text, in person) and claim your account is past due and you must pay immediately, or your power will be shut off. TIP: If you get a call or message like this, disengage. You can call your utility provider using the phone number on your statement if you're concerned there may be an issue.

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### Renting a Car for an Unbelievable Deal? Don't Believe It

The pandemic led rental car companies to sell off lots of inventory, resulting in fewer cars and higher prices now that people are looking to travel. Scammers are spoofing well-known rental car websites and advertising fake customer service numbers. Their goal is to lure in travelers with great deals — and convince them the best way to pay is with a gift card. TIP: Seek out the real website or phone number for rental car companies (type in the web address versus doing a web search, which can turn up fake information). If you're dealing with a company you've never heard of, search the name online, along with the word "scam" to see what comes up. Oh, and a legitimate business will never seek payment for goods or services with a gift card.

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### The Dream Vacation Home That Turns Into a Nightmare

Lots of travelers are seeking home rentals over hotel reservations for their getaways. Unfortunately, scammers are the ones getting away — with fake offers and large deposits. They steal rental listings straight from legitimate sites and post them online in the hopes of convincing travelers to rent through them instead of the real property owners. TIP: Be wary of renting off of social media sites or through companies you haven't booked through before. Keep all of your interactions with property owners on the website of legitimate companies. A request to take your conversation off the site is a sign of a likely scam.

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Next Meeting

March 24, 2022, 7:00 PM Boynton  
Beach FOP Hall

1200 Miner Road Boynton Beach.





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Members,

Here is all the information you will need for the HR 218 qualifying shoot.

Date - **April 14th, 2022**

Location - **Pt. St. Lucie Shooting Range**

492 NW Concourse Pl.

Pt. St. Lucie

Phone number to range - 772-340-4499

Time - **0900hrs** until complete

Cost - **\$10 for range / Instructor - min. \$10**

METS MINOR LEAGUE GAME?

As of now baseball is in a lockdown mode. If there is a game we will supply tickets for all who want to attend.

If you want to attend shoot you have to send an email to: **[fl\\_fop\\_ny3100@hotmail.com](mailto:fl_fop_ny3100@hotmail.com)**.

We need to know to set up schedule and a finished schedule will be posted before the date, so let us know your time of preference and we will TRY to please all.

Arnie



# NYC Health Benefits Program

## New information and updates regarding the NYC Medicare Advantage Plus Plan

These updates include the start date for the new plan, the timeline to opt in or out, and a new summary of key information about the plan itself.

**Learn More** - Read the Letter to Retirees

For additional information, you can call the special Alliance call center at 1-833-325-1190, Monday to Friday, 8 a.m. to 9 p.m.

Notice of Special Contract Public Hearing and Draft Contract for the Provision of Health Benefits Services in the form of Medicare Advantage Plan

**Learn More**

- [View Announcement Letter to Retirees](#)
- [View the Frequently Asked Questions](#) - Updated 12/02/2021

### Enrollment Guide:

The Enrollment guide has been updated to reflect the new implementation date for the NYC Medicare Advantage Plus Plan.

NOTE: The rates referenced in this guide are only applicable upon implementation of the NYC Medicare Advantage Plan.

- [View the NYC Medicare Advantage Plus Plan Enrollment Guide](#)

### Medical Benefits and Rate Charts:

- [View the NYC Medicare Advantage Plus Plan Medical Benefits Chart](#)
- [View the Health Plan Rate Chart for Retirees](#) (Effective on April 1, 2022)
- [View the Health Plan Rate Chart for Retirees](#) (January 1 - March 31, 2022)

Continued on Next Page



## Plan Design Comparison Charts:

- [View the Plan Design Comparison to Aetna Plan for NY, NJ and PA: General](#)
- [View the Plan Design Comparison to Aetna Plan for all other areas: General](#)
- [View the Plan Design Comparison to Cigna](#)
- [View the Plan Design Comparison to Eldercare](#)
- [View the Plan Design Comparison to Empire Mediblu Freedom PPO & Empire Medicare Related](#)
- [View the Plan Design Comparison to HIP VIP](#)
- [View the Plan Design Comparison to Humana HMO](#)
- [View the Plan Design Comparison to GHI/EBCBS Senior Care Plan](#)
- [View the Plan Design Comparison to United Healthcare Medicare Advantage HMO \(union and non union plans\)](#)
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## Group Prescription Drug Program Options for Medicare Retirees

With the introduction of the new NYC Medicare Advantage Plus Plan on April 1, 2022, we want to make sure you fully understand your group prescription drug plan options. These options were designed to conform with Centers for Medicare & Medicaid Services (CMS) regulations and are based on an agreement between the City of New York and the Municipal Labor Committee.

[Learn more](#) – Read Letter to Retirees

## Evidence of Coverage

• The Evidence of Coverage defines those Covered Services and benefits available to Members enrolled in the NYC Medicare Advantage Plus Plan. The Evidence of Coverage also defines the rights and responsibilities of the Members enrolled in the NYC Medicare Advantage Plus Plan.

- [View the 2022 Evidence of Coverage](#)
- 

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



# Health Benefits Program Application/Change Form

www.nyc.gov/olr

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

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

Applicant <b>MUST</b> check one:	<input type="checkbox"/> <b>EMPLOYEE</b>	<input type="checkbox"/> <b>RETURN TO RETIREMENT (Check this box if you were previously retired)</b>
	<input type="checkbox"/> <b>RETIREE</b>	<input type="checkbox"/> <b>LINE OF DUTY SURVIVOR</b>

**REASON(S) FOR SUBMISSION** (Check one or more boxes. Enter change date, if appropriate)

<b>A.</b> <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* <b>EMPLOYEES ONLY:</b> <input type="checkbox"/> Buy-Out Waiver Program COMPLETE SECTIONS D, E, F & H	<b>B. Change of:</b> <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: _____	<b>C. Transfer of Health Plan and/or Optional/Benefit Based on:</b> <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: ____/____/____
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## 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: <input type="checkbox"/> M <input type="checkbox"/> F	Work - Telephone Number: (____) ____-____		Mobile/Home - Telephone Number: (____) ____-____		E-mail Address:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach a copy of your Medicare card to this application.		<b>ATTACH COPY OF CARD</b>

## 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: <input type="checkbox"/> M <input type="checkbox"/> F	Is spouse/domestic partner:		<input type="checkbox"/> Employed (Double City coverage is not permitted)		<input type="checkbox"/> Retired (Double City coverage is not permitted)		<input type="checkbox"/> Not Employed	
		<input type="checkbox"/> City Agency Name:		<input type="checkbox"/> Non-City Related				
Does spouse/domestic partner have Non-City group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is your spouse/domestic partner Medicare eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach a copy of his/her Medicare card to this application.				<b>ATTACH COPY OF CARD</b>

## F. FAMILY INFORMATION (Attach a second form if necessary; dependent may not be covered under two NYC Health Plans.)

List all eligible dependent children. Indicate if you are adding or dropping coverage by checking the appropriate box below. (CUNY ADJUNCT EMPLOYEES: CITY RATES APPLY FOR INDIVIDUAL COVERAGE ONLY. CONTACT YOUR BENEFITS OFFICE FOR INFORMATION ABOUT ADDITIONAL COST FOR FAMILY COVERAGE.)						*Attach a copy of Medicare card if disabled dependent is Medicare eligible.		
Dependent's Last Name:	Dependent's First Name:	Date of Birth:	Social Security Number:	Sex: M/F	ADD COVERAGE	DROP COVERAGE	PERMANENTLY DISABLED*	
		____/____/____	____-____-____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		____/____/____	____-____-____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		____/____/____	____-____-____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		____/____/____	____-____-____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		____/____/____	____-____-____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## G. HEALTH PLAN REQUESTED (Please print clearly)

FULL NAME OF HEALTH PLAN SELECTED: _____	
Optional Benefits? (Check "Yes" or "No" for optional benefits rider. If no box is checked, it will be presumed that you do not want optional benefits.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

## H. EMPLOYEES ONLY (RETIREE 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: (____) ____-____	



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Below are the instructions on how to transfer to the Aetna plan using your once-in-a-lifetime.

1. First attachment – Health Benefits Program application and change form
  - You'll need to complete Section C (top right corner of the form)
    - Select "Once-in-A-Lifetime" choose the effective date of 04/01/22. (Must be enrolled prior to 04/01/22 to take effect no later than 04/01/22.)
2. Second attachment - is the Aetna enrollment, each Medicare eligible person will need to complete (you and your spouse or domestic partner, if applicable completes one separately)
3. Third attachment - You will need to complete an opt out form for each person. You are opting out of the NYC Medicare Advantage Plus plan.
  - You can opt out by calling the Alliance Hotline at [1-833-325-1190](tel:1-833-325-1190), TTY 711 Monday to Friday, 8 a.m. . 9 p.m. ET, except holidays. Inform them you want to opt out. Get the name of the person you spoke with, a reference number and request they email you a confirmation.
  - You can opt out by mail: [Opt Out By Mail](#) Certified Mail Optional.
  - You can also, opt out online: [Opt Out online](#) (Take a screen shot before submitting form for each person.

Once you have completed the enrollments (step 1 & 2), you can either email or fax, to Jennifer Robertson.see below.)

- Fax (860) 907-3010
- Email: [conymailbox@aetna.com](mailto:conymailbox@aetna.com)

(step 3: opt out forms MUST go back to NYC Medicare Advantage Plus Plan, please follow the instructions provided)

March, 2022

The following are your options to Opt-Out of the MAPP.

Please remember to:

- Obtain a '**Reference Number**' a '**Receipt**'  
**or any other proof that you Opted-Out.**
- **Keep Copies** of your documents and notes in a safe place in case you need them later!

\* **Please Note:** By Opting-Out you acknowledge that you may be paying a Premium for doing so.

### **Method 1:**

Call the Alliance Hotline at [1-833-325-1190](tel:1-833-325-1190), TTY: 711, Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays.

Inform them that you want to opt out and provide the requested information. **Write down the Date, Time, Name of the person with whom you had spoken.**  
**You Must ASK for and receive a Reference Number.**  
**You can also request they email you a confirmation.**

### **Method 2:**

Complete the form electronically at this

[Link](#)

**\*\*\* Take a picture of the screen before submitting \*\*\***

### **Method 3:**

Download, Print and Complete this: [Opt-Out Form](#)

Keep a copy of your Completed form and Mail to:

NYC Medicare Advantage Plus Plan  
PO Box 1620  
New York, NY 10008-1620

**\*\*\* Certified Mail Optional\*\*\***



March, 2022



# **WELCOME! To the NYC Organization of Public Service Retirees Newsletter!**

**Hello Retirees!**

**Today is Monday, February 28th.**

**We just uploaded [1 new video to YouTube](#) as an update to today's Oral Argument. If you have what we are asking for, (Rate Sheets from 1970-1996 AND Summary Health Benefit Program Description 1970-2004) please email it to us ASAP. DO NOT SEND US DOCUMENTS OUTSIDE OF THIS TIME FRAME. (please) Contact us if you have a question or need help getting it to us. You can email or fax us! And as we said, we are preparing for Appellate Court whether we win or lose! So keep those donations coming! Thank you!**

\*\*\*\*\*

**Have you Opted Out and did NOT receive a confirmation letter? If so, please contact the Alliance Hotline, 1-833-325-1190 and ask for confirmation letter mailed or an email. This includes all retirees that opted out early in September and October! You must confirm they opted you out and request proof they received it.**

\*\*\*\*\*

**[Court Documents](#)**

**If the documents do not show, click the refresh document link**

**Your friends, and retirees in SOLIDARITY...**

**The NYC Organization of Public Service Retirees**

March, 2022

## **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 legal challenge and not to anyone in the Organization. Volunteer retirees are running this effort.***

### **TO DONATE, HERE ARE 4 SIMPLE WAYS!**

**1. Zelle using email [NYCOrgofpublicserviceretirees@gmail.com](mailto: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. Or click on this Paypal link:  
[https://www.paypal.com/donate/?  
hosted\\_button\\_id=Q4VWJEYVJ9HTW&Z3&fbclid=IwAR0pEOc51x9xhc-  
CBb8vqAlkX97Bgg1Z02f1r9gQh9S3dOsVmAdob5jBbw8](https://www.paypal.com/donate/?hosted_button_id=Q4VWJEYVJ9HTW&Z3&fbclid=IwAR0pEOc51x9xhc-CBb8vqAlkX97Bgg1Z02f1r9gQh9S3dOsVmAdob5jBbw8)**

**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. Please follow the instructions to Sign Up. Please read and understand how VENMO works before you donate! 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/888622578669131>*

*If you are not on FACEBOOK, we will be updating you here. And Check our website for FAQ [www.nycretirees.org](http://www.nycretirees.org)*

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

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# NYPD ‘super rookie’ who shot cop-slay gunman promoted to detective

By [Amanda Woods](#)

February 15, 2022 3:36pm Updated

The NYPD “super rookie” [who shot](#) the gunman who ambushed [Officers Jason Rivera and Wilbert Mora](#) in Harlem last month was promoted to detective Tuesday.

Officer Sumit Sulan, 27, was presented with detective shield No. 332, “symbolizing three brothers from the 32 [Precinct],” Commissioner Keechant Sewell said during the ceremony, according to [a clip posted to the top cop’s Twitter](#).

“Today, I had the honor of promoting Police Officer Sumit Sulan to the rank of detective,” she said. “Like his partners, he is an example that police officers are ordinary people called upon to do extraordinary things — and they often do, risking everything. The action taken by Officer Sulan likely saved the lives of the other officers responding to that apartment.”

Sulan had only been on the job since April — and at Harlem’s 32nd Precinct for two months — when he responded along with Rivera, 22, and Mora, 27, to the domestic violence call on West 135th Street that turned deadly.



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## Police Memorial

When a Police Officer is killed,  
It's not an agency that loses an  
Officer, it's an entire nation.

**55**

Line of Duty Deaths  
**THIS YEAR**

**548**

Line of Duty Deaths  
**LAST YEAR**

**1,527**

Line of Duty Deaths  
**LAST FIVE YEAR**

**2,318**

Line of Duty Deaths  
**LAST TEN YEARS**

**25,585**

Line of Duty Deaths  
**FOR ALL TIME**

**Total Line of Duty Deaths: 55**

.	Accidental	1
.	Aircraft accident	1
.	Automobile crash	6
.	COVID19	33
.	Gunfire	7
.	Gunfire (Inadvertent)	1
.	Heart attack	1
.	Struck by vehicle	2
.	Vehicular assault	3
.		

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**Thomas J. Granchelli**  
Broker Associate

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tanchelli@bellsouth.net

145 City Place, Unit 104  
Palm Coast, FL 32137



[www.PalmCoastTom.com](http://www.PalmCoastTom.com)

**Robert V. Carida II, M.D., F.A.C.C.**

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## MY CAR KEYS

They weren't in my pockets.

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The parking lot was empty.

I immediately called the police.

I gave them my location, confessed that I had left my keys in the car, and that it had been stolen.

Then I made the most difficult call of all to my husband: "I left my keys in the car and it's been stolen."

There was a moment of silence.

I thought the call had been disconnected, but then I heard his voice. "Are you kidding me?" he YELLED, "I dropped you off!"

Now it was my turn to be silent.

Embarrassed, I said, "Well, come and get me."

He retorted, "I will, as soon as I convince this cop that I didn't steal your car!"

Welcome to the Golden Years.



March, 2022

# Homeowner Kills Suspect Accused of Shooting Fla. Deputy

A registered sex offender was fatally shot trying to break into a house hours after he seriously wounded Taylor County Sheriff's Deputy Troy Anderson during a routine traffic stop, according to authorities.

Feb 24, 2022

By Kate Feldman

Source New York Daily News

A suspect accused of shooting a Florida sheriff's deputy during a routine traffic stop was shot and killed Wednesday by a homeowner whose house he allegedly broke into.

- **RELATED: [Florida Blue Alert Issued for Man Suspected of Shooting Deputy](#)**

A Blue Alert, issued when a police officer is shot or killed, was called off Wednesday morning for Gregory Ryan Miedema, 33, hours after [he allegedly shot Taylor County Deputy Troy Anderson](#) around 9:30 p.m. Tuesday on U.S. 19 between Tallahassee and Gainesville.

Anderson was airlifted to Shands Hospital in Gainesville in critical condition and is now stable, according to officials.

Miedema fled the scene, launching a 10-hour manhunt that ended in Dixie County.

There, Miedema allegedly broke into a home and was met by the homeowner, who shot him.

Miedema was found dead near the same car listed in the Blue Alert, along with multiple guns, according to police.

The homeowner was hospitalized with minor injuries and has since been released. "I truly believe he had

an evil mindset and his thought process was to kill and destroy innocent," Dixie County Sheriff Butler said of Miedema at a press conference Wednesday. "Fortunately, he did not succeed in that."

Miedema was convicted of one count of lewd or lascivious battery, intercourse with a victim 12 to 15 years old and one count of possession of child pornography in 2011 while serving in the U.S. Army, according to police. He was sentenced to 78 months in federal prison

March, 2022



# WELCOME TO FEAR CITY



A Survival Guide for Visitors to the City of New York

March, 2022

## Dad orders 4-year-old to shoot at police at McDonald's drive-thru, cops say

By [Patrick Reilly](#)

February 21, 2022 7:16pm



A father told his 4-year-old son to shoot at officers during a dispute in a McDonald's drive-thru. FOX13

A 4-year-old child fired a gun at police officers on instructions from his father during a dispute over a food order at a McDonald's drive-thru in Utah on Monday, officials said.

The shooting took place at a McDonald's in Midvale, just outside Salt Lake City, when a man flashed a gun at fast-food workers during an argument about his order, according to the Unified Police Department of Greater Salt Lake.

Sadaat Johnson was at the drive-thru with two children in the backseat when an argument ensued. Johnson, 27, pulled over and waited for workers to fix his order.

But instead, the employees called the police, [KUTV reported](#).

Officers arrived and were able to remove Johnson, who was being uncooperative, from the vehicle.

While he was being apprehended, police said, the dad instructed the 4-year-old child — who was still in the vehicle — to shoot the officers. Cops said they saw a small arm and hand holding a gun appear from inside the vehicle. A police officer hit the gun as it fired, forcing the bullet upward, and it hit a restaurant awning.

No one was seriously injured in the incident, although the officer who hit the gun received a small injury on his arm, [Fox 13 reported](#).

The second child was 3 years old. His connection to the other suspects was not clear Monday night.

The man, whose identity was not immediately released by law enforcement, was taken into custody. Officials have not announced what charges he faces. It's unclear whether the child was released into a guardian's custody or if the Utah Division of Child and Family Services responded, according to KUTV.



March, 2022



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When you were young and strong and fast?"  
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and the page is turned,  
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March, 2022



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- Additional compensation for lost income
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March, 2022



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March, 2022



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Welcome to the Golden Years.



March, 2022

## Keep your personal information safe in the New Year



As 2021 winds down, lots of us are making resolutions for a fresh start in the New Year — maybe to exercise regularly, get our finances in order, or spend more time with friends. But your list isn't complete until you add "update my security software" and "[protect my personal information](#)" to the mix. Scammers and hackers are always looking for new ways to [steal your personal information online](#).

Here are some steps you can take to help protect yourself and your information:

- **Keep your security software, internet browser, and operating system up to date.** Updating your software regularly helps make sure you have critical patches and protections against security threats.
- **Create and use strong passwords.** Making a password longer — 12 characters or more — is one of the easiest ways to increase its strength. Consider using a passphrase of random words so that your password is more memorable, but avoid using common words or phrases. Check out this [password checklist](#), and don't use the same password for different accounts.
- **Use multi-factor authentication.** Some accounts offer extra security by requiring two or more credentials to log in. You may have to give both a password and a passcode you get from an authentication app to log into your account. Multi-factor authentication makes it harder for scammers to log in to your accounts even if they manage to steal your username and password.
- **Back up your data to protect it.** Keep an extra copy of all your files with a secure cloud storage service, or save your files to an external storage device. That way, if something happens — say a [virus](#), your device crashes, or [you're hacked](#) — you still have your files.
- **Protect your home network.** Your devices, accounts, and whole network are only as secure as your router, since it's the connecting point between your [devices](#) and the internet. Check out how to make [your router more secure](#).

By taking a few steps, you'll be able to enjoy the feeling of accomplishment that comes with checking something off your list! Also, remember to report fraud, scams, or bad business practices to the FTC at [ReportFraud.ftc.gov](#). And happy New Year from your friends at the FTC.

March, 2022

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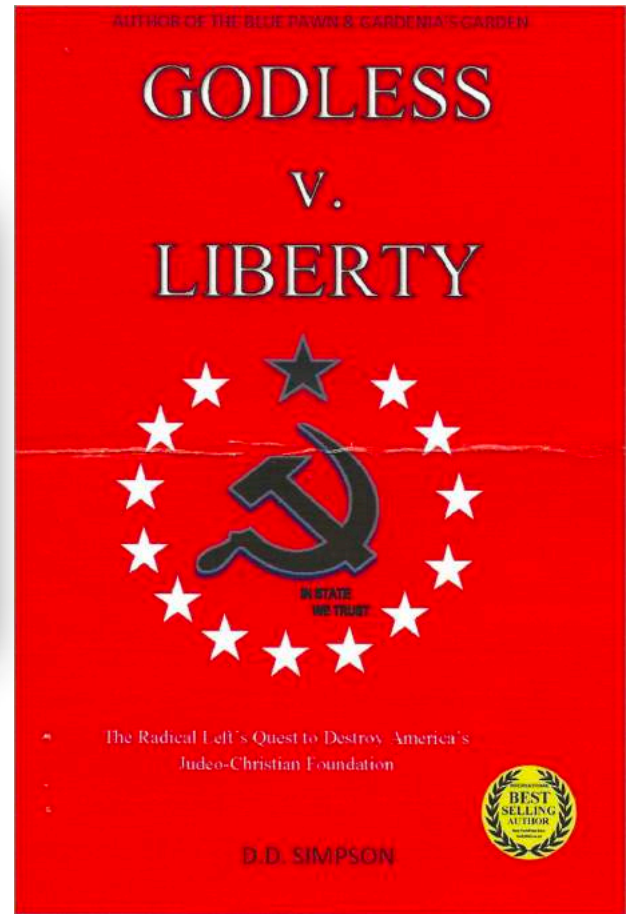
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For Full Details On The Trip Visit: <http://www.irelandusexperience.com/June2022-TourOfIreland.pdf>



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