



# Management Benefits Fund

Tel.: 212-306-7290 • Outside N.Y.C.: 1-888-4000MBF • Online: nyc.gov/mbf • Electronically: https://nyc-mbf.leapfile.net

## MEMBERSHIP FORM 1060

### I. PLEASE COMPLETE ENTIRE APPLICATION (SEE REVERSE SIDE FOR INSTRUCTIONS)

Check One:  New Enrollment  Re-enrollment  Agency Transfer

Member Status:  Active  Retiree

Spouse:  Add  Drop Effective Date: / / Attach copy of marriage certificate

Domestic Partner:  Add  Drop Effective Date: / / Attach a copy of your domestic partner registration certificate\*

Dependent Children (under 26):  Add  Drop Effective Date: / / Attach copy of birth/adoption certificate

Change of Name Effective Date: / / Attach legal documentation

\*See reverse side for taxable treatment of MBF benefits for Domestic Partners.

### II. MEMBER INFORMATION

Last Name:		First Name:		MI:	
Social Security Number:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legal Separation <input type="checkbox"/> Domestic Partner		Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> O	
Home Address (Number and Street):					Apt.
City:	State:	Zip Code:	E-mail Address:		
Agency Name (for Active Members):			Home/Cell Telephone Number: ( ) -	Office Telephone Number: ( ) -	

### III. ELIGIBLE DEPENDENT INFORMATION (CHILDREN ARE ELIGIBLE UP TO 26 YEARS OF AGE)

	Last Name (if different)	First Name	Sex	Date of Birth	Social Security Number
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner				/ /	
Child				/ /	
Child				/ /	
Child				/ /	

Check here if you attached a separate sheet listing additional dependents (signed and dated).

### IV. CITY HEALTH PLAN COVERAGE OF MEMBER

GHI-CBP/ANTHEM BCBS  GHI HMO  HIP  METROPLUS  AETNA  Vytra

Optional Rider Coverage (Prescription Drugs):  Yes  No

- or -

Waived City Health Benefits

### V. BASIC LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT ACKNOWLEDGMENT (SEE THE MBF BOOKLET FOR BENEFIT DETAILS AND REVERSE SIDE FOR ADDITIONAL INFORMATION)

- I acknowledge that the Management Benefits Fund (MBF) offers Basic Life insurance coverage at no cost to the MBF member and that dependents are not eligible for this coverage.
- I understand that I am automatically enrolled in Basic Life and I must be active in MBF in order to receive this benefit.
- I understand that I must designate my beneficiary(ies) directly with the Basic Life administrator.

### VI. GROUP UNIVERSAL LIFE INSURANCE (GUL) ACKNOWLEDGMENT (SEE THE MBF BOOKLET FOR BENEFIT DETAILS AND REVERSE SIDE FOR ADDITIONAL INFORMATION)

- I acknowledge that the Management Benefits Fund (MBF) offers voluntary Group Universal Life (GUL) coverage, which is paid for by the member.
- I understand that if I want to enroll in GUL coverage, I must enroll directly with the GUL administrator and that I must be actively at work on the first date of coverage.
- I understand that if I enroll within 90 days of becoming eligible, there is no Evidence of Insurability (EOI) requirements for amounts of insurance up to the lesser of 3 times my annual salary or \$500,000.
- I understand that if I enroll within 90 days of becoming eligible my Spouse/Domestic Partner age 64 or under can be covered for up to \$30,000 without EOI.
- I understand that I must designate my beneficiary(ies) directly with the GUL administrator.

### VII. MEMBER AUTHORIZATION AND SIGNATURE

I wish to enroll or affect the changes noted above in the Management Benefits Fund. I have read and understand my benefits described in the MBF Benefits Booklet located on the MBF website at nyc.gov/mbf.

Should I and my eligible dependents choose to enroll in GUL, I authorize my employer to take appropriate payroll deductions for my and my eligible dependents' coverage, as applicable, and release salary and/or necessary information to the GUL program administrator.

I understand that I will not be eligible to receive retiree MBF benefits on the basis of employment during which I participated in the Voluntary Defined Contribution (VDC) Program, even if I remain so employed for 10 years or longer, unless I have a previously vested membership with any New York City pension fund or retirement system of sufficient duration to independently render me eligible to receive retiree MBF benefits.

I certify that all information on this form and any accompanying supporting documentation is true and complete.

Member Signature:

Date:

### VIII. AGENCY CERTIFICATION (TO BE COMPLETED BY AUTHORIZED AGENCY PERSONNEL) - PLEASE PRINT

AGENCY CODE:	TITLE CODE NUMBER:	TITLE NAME:	EFFECTIVE DATE OF CURRENT TITLE: / /	ANNUAL SALARY:
AUTHORIZED AGENCY PERSONNEL SIGNATURE:		EMAIL ADDRESS:	PHONE NUMBER: ( ) -	DATE: / /

## Instructions for Completing MBF Membership Form 1060

- I. Member must complete the whole application each time this form is submitted. New members must attach relevant documentation (government-issued marriage certificate, birth certificate, domestic partner registration certificate, etc.). Current members must attach relevant documentation if adding dependents.
- II. Complete Member Information.  
Gender Categories: M - Male/Man F - Female/Woman N - Non-binary (Not female/woman or male/man) O - Choose not to disclose
- III. Eligible Dependent Information. List all eligible dependents to be covered under your MBF benefits. Please attach relevant documentation (marriage certificate, birth certificate, or domestic partner certification). If there are more than 3 children, please attach an additional piece of paper with required information and include member's name, date and signature. Under Internal Revenue Service (IRS) Ruling, if your domestic partner is not a dependent within the meaning of the Internal Revenue Code (IRC), the amount paid by the Fund attributable to coverage of a Fund member's domestic partner is treated as part of the Fund member's gross income from City employment for Federal tax purposes. State and local tax treatment of the amount in question may vary among jurisdictions for a domestic partnership.
- IV. Basic City Health Plan Coverage For Member. Indicate your current City health plan and if you have an optional rider coverage (prescription drugs).
- V. Basic Life Insurance and Accidental Death & Dismemberment. Each MBF member is issued Basic Life insurance at no cost to them. The amount for which each member is covered is determined by your attained age and employment status (active or retiree), and annual salary. Levels of coverage are as follows:

Active Employees (64 years and Under)	1 times (1X) Annual Salary, subject to a minimum of \$15,000 and a maximum of \$50,000
Active Employees (65 – 69 Years old)	66 2/3% of Annual Salary, subject to a minimum of \$10,000 and a maximum of \$34,000
Active Employees (70 Years and older)	50% of Annual Salary, subject to a minimum of \$7,500 and a maximum of \$25,000
Retiree	\$5,000

MBF members are able to make modifications to their Basic Life beneficiary(ies) directly with Prudential at [www.prudential.com/mybenefits](http://www.prudential.com/mybenefits). Please refer to the Basic Life section of the MBF Booklet for additional information.

- VI. Group Universal Life (GUL). Please refer to the GUL section of the MBF Booklet for enrollment and coverage information.  
New Hires: New MBF members will be able to enroll in GUL and Cash Accumulation Fund directly with the GUL administrator. New MBF members will receive a welcome letter from the GUL administrator, with instructions on how to enroll in GUL.  
Current MBF Members with GUL will be able to make modifications to their GUL and/or CAF directly with the GUL administrator via their website. This includes changes MBF members would like to make to their beneficiary(ies) and CAF elections. Please refer to the MBF website at [www.nyc.gov/mbf](http://www.nyc.gov/mbf) for the GUL administrator's website.
- VII. Member Authorization and Signature. Sign and date this section.
- VIII. Agency Certification. The Authorized Agency Personnel is responsible for the certification of your MBF membership eligibility as well as the submission of your complete application to MBF. You will receive a confirmation letter from MBF once MBF certifies and processes your application. Please make a copy for your records.

Should you have any questions regarding MBF membership, please contact your agency, or the MBF Administrative Office at 212-306-7290 For the most updated information on MBF benefits, please refer to the MBF Benefits Booklet by visiting the MBF website at [nyc.gov/mbf](http://nyc.gov/mbf)