

Superior Officers Council

City of New York Police Department
40 Peck Slip, New York, NY 10038

Captains Endowment Assn.

Lieutenants Benevolent Assn.

MEMBER DATA (UPDATES)

Instructions: Please use this form to update or change your personal information.

1. Member Information		Status	
Last Name	First Name	SSN XXX - XX - _____	TAX ID _____
Address	City	State	Zip Code _____
Home Phone: Cell Phone:	Email: _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB
2. Insurance Plan (check one)			
GHI -CBP (Group Health Insurance)		Cigna	
HIP (Health Insurance Plan of NY)		Aetna	
Empire Blue		Other _____	
3. Dependents (Check to Add/Delete)			
Spouse: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete			
_____	_____	_____	_____
Last Name	First Name	DOB	Gender
Domestic Partner: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete			
_____	_____	_____	_____
Last Name	First Name	DOB	Gender
Child – 1: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete			
_____	_____	_____	_____
Last Name	First Name	DOB	Gender
Child – 2: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete			
_____	_____	_____	_____
Last Name	First Name	DOB	Gender
Child – 3: _____ <input type="checkbox"/> Add <input type="checkbox"/> Delete			
_____	_____	_____	_____
Last Name	First Name	DOB	Gender
List any additional dependents on the back of form.			
4. For Office Use Only			
Updated on: _____ Date		By: _____	

Members must include documentation with this form regarding any change in status i.e. marriage certificates, birth certificates, divorce decree, etc.