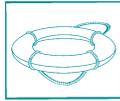
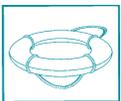

SECTION H



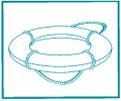
SURVIVOR BENEFITS

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H. SURVIVOR BENEFITS

OVERVIEW



The Management Benefits Fund provides Survivor Benefits to the spouse/domestic partner and eligible dependent children of deceased Fund members. Survivor Benefits are provided for a 36-month period. These benefits, which are fully paid for by the Fund, include:

- Basic City Health Insurance with the Optional Benefit Rider, if applicable
- Superimposed Major Medical Plan (SMMP) Benefits
- Dental Benefits
- Vision Care Benefits

WHO IS COVERED

The Fund provides Survivor Benefits to the eligible:

- Surviving Spouse/Domestic Partner and
- Dependent Children up to age 26 or disabled children regardless of age

If the deceased member was eligible for Fund benefits either as an employee or retiree at the time of his/her death, the surviving spouse/domestic partner and dependent children, who were previously eligible for Fund benefits, are eligible for Survivor Benefits.

WHAT IS COVERED

City Health Insurance

The surviving spouse/domestic partner and eligible dependent children will be provided coverage in the same City Health Insurance plan that they were enrolled in at the time of the member's death. In addition, should the health plan offer an Optional Benefits Rider, the Fund will also offer the same Optional Rider to the survivor(s) free of charge for the specified 36-month period.

Fund Benefits

Survivors are provided with coverage under the Fund's SMMP, Dental and Vision Care plans.

Please note:

1. If the deceased Fund member was an employee or retiree of the State of New York, his/her survivors are only eligible for the Fund's Superimposed Major Medical, Dental, and Vision Care Benefits.
2. If the surviving spouse/domestic partner of a deceased Fund member is an employee/retiree of the City of New York, the spouse/domestic partner and eligible dependents are only eligible for the Fund's SMMP, Dental, and Vision Care Benefits.

EFFECTIVE DATES OF COVERAGE

Commencement of Survivor Coverage

- The commencement of City Health Insurance coverage for survivors is based on the deceased member's status (active or retired) at the time of death. Coverage commences as follows:

| Deceased Member Status | Commencement of Coverage |
|------------------------|--|
| Active | The day following the member's death. |
| Retired | The first day of the month following the month of the member's death. However, the City of New York Employee Health Benefits Program provides survivors with Health Insurance coverage during the month of the death of the deceased retired member. |

- The Fund provides survivors with the Fund's SMMP, Dental, and Vision Care Benefits commencing on the day following the active/retired member's death.



Termination of Survivor Coverage

All Fund Survivor Benefits cease on the last day of the 36th month following the date of the member's death.

Upon termination of the Fund's survivor benefits coverage, survivors only have the right to convert their basic City health plan into an individual policy.

COORDINATION OF BENEFITS

Established rules for Coordination of Benefits still apply with regard to Basic City Health Benefits and other Fund Benefits.

HOW TO APPLY

After the Fund is notified of a member's death, the eligible surviving spouse/domestic partner or dependent children will be sent an application form to complete and return to the Fund Office. Coverage will be maintained retroactively to the date of the member's death, pending receipt and approval of the application document(s).

FILING CLAIMS

The surviving spouse/domestic partner and eligible dependent children should file claims for SMMP, Dental and Vision Care benefits as outlined in the individual benefit sections of this booklet.

IMPORTANT: When filing a claim for Survivor Benefits, please refer to the table below for information on which Social Security Number must be used.

| Survivors | Health Plan I.D. Number to be used when filing City Health Insurance Claims | Social Security Number (SS#) to be used when filing SMMP, Dental and Vision Care Claims |
|---|---|---|
| Survivors of a deceased active member. | Health Plan I.D. Number of the spouse/domestic partner for claims incurred after the member's death.. | SS# of the deceased member for claims incurred until the last day of the month of the member's death. SS# of the spouse/domestic partner for claims incurred from the first day of the month following the member's death. |
| Survivors of a deceased retired member. | Health Plan I.D. Number of the deceased member for claims incurred until the last day of the month of the member's death. Health Plan I.D. Number of the spouse/domestic partner for claims incurred from the first day of the month following the member's death. | SS# of the deceased member for claims incurred until the last day of the month of the member's death. SS# of the spouse/domestic partner for claims incurred from the first day of the month following the member's death. |

