125 Barclay Street
New York, NY 10007
Telephone: (212) 815-1234

Health & DC37 Security Plan

December 2025

RE: Local 1070 Health Insurance Premium Contribution Reimbursement

Dear Local 1070 NYS Active Member:

DC37 Local 1070 and the DC37 Health & Security Plan (the "Plan") are pleased to provide a ***Health Insurance Premium Contribution Reimbursement*** benefit to all eligible DC37 Local 1070 Active Members from the New York State Court System ("Member"). ***This benefit is in addition to the prescription drug co-payment reimbursement.***

For Calendar Year 2025, each Member enrolled in the New York State Health Insurance Program (NYSHIP) is eligible to receive a health insurance premium contribution reimbursement.

- **Individual Enrollment**: If you had an individual contract with NYSHIP in Calendar Year 2025, you are eligible for a **maximum reimbursement of $510**. The $510 reimbursement will be prorated if you were enrolled for less than 12 months during Calendar Year 2025.

- **Family Enrollment**: If you had a family contract with NYSHIP in Calendar Year 2025, you are eligible for a **maximum reimbursement of $1,260.** The $1,260 reimbursement will be prorated if you were enrolled for less than 12 months during Calendar Year 2025 or if you switched between an Individual and Family contract during the year.

Please complete the enclosed health insurance premium reimbursement form and return to the Plan with a copy of your last December 2025 paystub to verify your NYSHIP premium contributions. The Advice Date on the upper left side of your paystub should be prior to January 1, 2026. Please mail the required documents in the self-addressed envelope or email the documents to the Plan at premium@dc37.net ***no later than April 30, 2026.*** If you fail to file for reimbursement by April 30, 2026, your claim for reimbursement will not be processed. Your health insurance premium contribution reimbursement amount will also not be processed without the required information/documents.

If you have any questions regarding this benefit, please contact the DC37 Health & Security Plan's Inquiry Unit at (212) 815-1234.

In Solidarity,

William Bifulco
Administrator
DC37 Health & Security Plan

DC37 Local 1070 NYS Active Members
CY 2025 Health Insurance
Premium Contribution Reimbursement

DC37 Local 1070 NYS Active Member

Member SSN/PID: _____

Name: _____
Last First

Address: _____
Number Street Apt#

_____
City State Zip

Telephone No.: ( ) - Email Address: _____

Dates Enrolled in the New York State Health Insurance Program for CY 2025

For Individual Coverage: _____

For Family Coverage: _____

Name of Health Insurance Plan: _____

Total New York State Health Insurance
Annual Premium Contributions: _____

Are you enrolled in the Productivity Enhancement Program? ☐ Yes ☐ No

Mail the required documents in the self-addressed envelope or email the documents to us at premium@dc37.net ***no later than April 30, 2026***.

Please attach a copy of your last December paystub to verify the premium contribution amounts, as described in the accompanying letter.