

ACKNOWLEDGMENT

I, being a member in good standing of the Civil Service Bar Association or being an Agency Attorney Interne, Agency Attorney or Attorney-at-Law working in an office covered by the collective bargaining agreement between the City of New York and the International Brotherhood of Teamsters, Local 237, hereby acknowledge that I will not use benefits under the Civil Service Bar Association Security Benefits Fund past my eligibility date, which may occur under one of the following instances:

- a) The City of New York no longer contributes to the Fund on my behalf;
- b) I am on an unpaid medical leave;
- c) My dependent reaches his/her 26th birthday (only dependent losses coverage)
- d) I am legally separated or divorced or I dissolve a Registered Domestic Partnership (only spouse/registered domestic partner losses coverage)

That if I or my dependents receive or enjoy any Fund benefits after end of coverage date, either deliberately or inadvertently, then I shall be liable to reimburse the Fund the amount that the Fund expended for benefits that I or my dependents were not eligible to receive. The above still applies should I elect COBRA coverage at a later date.

In addition, I affirm, under penalty of perjury that the eligible spouse and/or dependents I have indicated on my enrollment forms are true and accurate. I will notify Alicare, Inc. immediately of any changes in my eligibility or that of my eligible spouse and/or dependents.

Signature

Print Name

Telephone

Please return this completed form along with your enrollment forms to:

Civil Service Bar Association Security Benefits Fund
c/o Alicare, Inc.
333 Westchester Avenue, North Building
White Plains, NY 10604
Fax: (914) 367-5793
Email: csbainfo@alicare.com