



NYS PEF RETIREES
 1168-70 Troy-Schenectady Road
 PO Box 12414
 Albany, NY 12212-2414

PEF Retirees Enrollment & Pension Deduction Form

In order to participate in any of the benefits offered through the PEF Retirees, you must be a dues-paying PEF Retiree member. Your first Year of Membership is Free.

Please complete the **PEF Retirees Enrollment Form** to join PEF Retirees and check off the **Pension Deduction Authorization** to allow for automatic payment of your yearly dues at the low monthly amount of \$3 month. The Pension Deduction also serves as an automatic yearly renewal of your membership. If you pay by check, you will receive a renewal notification via an invoice from the PEF Retirees. Please complete this fillable form and save it as a PDF by using the down arrow in the top right-hand corner of your browser. Then email the form as an attachment to Rachel.Mango@pef.org.

PEF RETIREE MEMBER ENROLLMENT

Last Name:	First Name:	Middle Initial:		
Street Address:	City:	State:	Zip:	County:
(____) _____ Telephone No.:	(____) _____ Cell Phone No.:	____/____/____ Retirement Date:		
New York State & Local Retirement (NYSLRS) ID#		____-____-____ Social Security Number:		

Email: By providing your email address, you give PEF, PEF Retirees, and PEF Membership Benefits Program, permission to communicate with you regarding new benefit offers, special savings, promotions, and more.

FOR NEW YORK STATE PUBLIC EMPLOYEES FEDERATION, AFL-CIO PENSION DEDUCTION AUTHORIZATION & AUTOMATIC RENEWAL
 (Checking the box and providing your signature below, initiates your pension deduction for dues, and confirms your annual, automatic renewal in PEF Retirees.)

To the Comptroller of the State of New York:

Pursuant to Section 110 of the Retirement and Social Security Law, I hereby authorize deductions from my monthly allowance from the NYS and Local Retirement Systems in the amount necessary to cover membership dues and/or insurance premiums payable on my behalf to the NYS Public Employees Federation Retirees. Authorization is provided for changes the union certifies to the Retirees System as necessary in the amount of such dues or insurance premiums. I understand that the NYS Public Employees Federation Retirees are my agent and all requests to begin, modify, or revoke deductions must be submitted through the union. This authorization shall remain in effect until revoked by me by written notice through the union or until otherwise revoked pursuant to law.

Retiree's Signature: _____ Date: _____

PEF RETIREE PARTICIPATION IN PEF MEMBERSHIP BENEFIT PROGRAM BENEFITS

In order to participate in valuable PEF Membership Benefits Program benefits, you must be an active, dues-paying PEF retiree member AND, you must have been an active, dues-paying PEF member at some point in your working career.*

1. Were you previously an active, dues-paying member of PEF? Yes No (If no, skip questions 2-4 and simply mail your form to PEF Retirees.)
2. If yes, with what agency were you employed as a PEF member? _____
3. Please provide your dates of service with this agency while employed as a PEF member: _____ to _____
4. Please provide your last title during your employment as a PEF member with this agency: _____
5. Please provide your PEF Membership Identification Number (MIN) if you have it: _____

*PEF Retiree members with no prior dues-paying member participation in PEF, are entitled to participate in the following benefits only: PEF Retiree Dental Program, PEF Retiree Vision Program, MBP Auto/Home/Renters Insurance, MBP Voluntary Legal Service Plan, MBP regional vendor discounts.