

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. <u>Your first Year of Membership is Free</u>.

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 return your form to the address above.

Last Name:		First Name:			Middle Initial:	
Street Address:	City:		State:	Zip:	County:	
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Telephone No.:	Cell Phone No.:		Retirement Date:			
New York State & Local Retirement (NYSLRS) ID#			Social Security Number:			
Email: By providing your ema	iil address, you give PEF, PEF Retirees, (and PEF Membership	Benefits Program, permission to c	ommunicate with you re	garding new benefit offers, special	
☐ FOR NEW YORK ST	ATE PUBLIC EMPLOYEES FEI	DERATION, AFL-	CIO PENSION DEDUCTIO	ON AUTHORIZATI	ON & AUTOMATIC RENEWAL	
(Checking the box and prov	viding your signature below, initia	tes your pension de	eduction for dues, and confirm	s your annual, autom	atic renewal in PEF Retirees.)	
necessary to cover membershi certifies to the Retirees System	Retirement and Social Security Law, I p dues and/or insurance premiums p as necessary in the amount of such d evoke deductions must be submitted t	ayable on my behalf i lues or insurance pren	to the NYS Public Employees Fedel niums. I understand that the NYS	ration Retirees. Authoriz Public Employees Federa	ocal Retirement Systems in the amount ation is provided for changes the union ation Retirees are my agent and all by written notice through the union or	
Retiree's Signature:			Date:			
PEF F	RETIREE PARTICIPATI	ON IN PEF A	MEMBERSHIP BENE	FIT PROGRA <i>N</i>	И BENEFITS	
	e in valuable PEF Member ust have been an active, d	-	•			
1. Were you previously	an active, dues-paying membe	r of PEF? 🖵 Yes	☐ No (If no, skip questions	2-4 and simply mai	l your form to PEF Retirees.)	
2. If yes, with what ager	ncy were you employed as a PE	F member?				
. Please provide your dates of service with this agency while employed as a PEF member: to to						
4. Please provide your la	ast title during your employme	ent as a PEF memb	per with this agency:			
5. Please provide your F	PEF Membership Identification	mbership Identification Number (MIN) if you have it:				
you must have been an active members with no prior dues Hear in America, and the fol	ve, dues-paying PEF member at som -paying member participation in Po lowing PEF MBP benefits: Auto/Hor emorial Funeral Benefit, Low-Cost (ne point in your worl EF, are entitled to pa me/Renters Insuranc	king career—a qualifying criterion rticipate in the following benefit e, Voluntary Legal Service Plan,	n that is verified during s: PEF Retiree Dental Pi Pet Insurance, Cambrid		