

PEF Retirees Renewal Form

To participate in any of the benefits offered through the PEF Retirees and the PEF Membership Benefits Program*, you must be an active, dues-paying PEF retiree member—so make sure you <u>renew</u> your PEF Retiree Membership today!

RENEW YOUR PEF RETIREES MEMBERSHIP AND INDICATE BELOW, YOUR METHOD OF PAYMENT: ☐ PEF Retirees Renewal & Pension Deduction Authorization Form (\$36/year) Allows for the automatic payment of your yearly dues at the low monthly amount of \$3/month, as well as automatic annual renewal. ☐ Pay by check (\$41/year) Please make your check payable to "PEF Retirees". You will receive a renewal notification via an invoice from PEF Retirees. RETURN YOUR COMPLETED FORM (AND CHECK, IF APPLICABLE) TO: **PEF Retirees** 1168-70 Troy-Schenectady Road PO Box 12414, Albany, NY 12212-2414 PEF RETIREE MEMBER RENEWAL Middle Initial: Last Name: First Name: 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 the 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:

(518) 785-1900, Ext. 288 | (800) 342-4306, Ext. 288 | www.pefretirees.org

To participate in all benefits offered through the PEF Membership Benefits Program, except the voluntary insurance benefits, you must be an active, dues-paying PEF retiree and you must have been an active, dues-paying PEF member at some point in your working career—a qualifying criteria that is verified during your initial enrollment. *PEF Retiree members with no prior dues-paying member participation in PEF, are entitled to participate in the following benefits: PEF Retiree Dental Program, PEF Retiree Vision Program, and the following PEF MBP benefits: Auto/Home/Renters Insurance, Voluntary Legal Service Plan, Pet Insurance, Cambridge Credit Counseling, CarePatrol, Connect America, Dignity Memorial Funeral

Benefit, Low-Cost College Benefit, and much more. (Look for benefits denoted by an asterisk.) Visit pefmbp.com/pef-retirees/benefits-for-pef-retirees to learn more.