

Voluntary Legal Service Plan Enrollment Form

(Enroll by payroll/pension deduction or credit/debit card)

This Voluntary Legal Service Plan Enrollment Form allows you to enroll in the Voluntary Legal Service Plan (\$78 annually) sponsored by the PEF Membership Benefits Program (PEF MBP). Once enrolled, you have the opportunity to take full advantage of reliable advice from a powerful team of legal experts at substantially reduced rates. You may purchase the plan by payroll/pension deduction or by debit/credit card. Riders can be purchased by credit/debit card. In addition, you will receive a Voluntary Legal Service Plan Certificate of Coverage and Legal Security Package containing documents for completion. If you have questions regarding the Voluntary Legal Service Plan or any other PEF MBP benefits, call (800) 767-1840, opt. 1 or (518) 785-1900, ext. 243, opt. 1.

7-digit Membership Identification Number (MIN)		Member's Last Name		First Name		Middle Initial	
Address				City		State	
Home Phone			Cell Phone		Email (By providing your email address you are giving us permission to communicate with you electronically.)		

Select one:

Actively working, dues-paying PEF member

Dues-paying PEF Retiree member

Payroll Deduction for Plan Purchase Only (\$78):

- Payroll Deduction for Voluntary Legal Service Plan—\$3 per pay period (26 pay periods). Your plan purchase via payroll deduction must be processed before you can buy your rider(s).

Pension Deduction for Plan Purchase Only (\$78):

- Pension Deduction for Voluntary Legal Service Plan—\$6.50 per pension check (12 payment periods). Your Plan purchase via payroll deduction must be processed before you can buy your rider(s).

PEF Membership Benefits Program Voluntary Legal Service Plan Payroll Deduction Authorization

Employees of the State of New York, New York State Public Employees Federation (PEF), AFL-CIO

I authorize the Comptroller of the State of New York to deduct from my salary, bi-weekly, the necessary amount to cover the enrollment fee for the PEF Membership Benefits Program Voluntary Legal Service Plan. It being understood and agreed that in the event that, for any reason whatsoever, I shall become ineligible or disqualified for this bi-weekly deduction, or I shall terminate this authorization, I shall immediately pay directly to the Legal Service Plan, the entire unpaid balance of my annual enrollment fee. This authorization shall remain in effect until revoked by my written notice to you by certified mail or until otherwise revoked pursuant to law.

Signature of PEF Member* _____ Date _____

* By signing above, you are authorizing the PEF Membership Benefits Program to deduct the cost of the Voluntary Legal Service Plan from your paycheck at the rate specified on the form.

Credit/Debit Card Purchase (Plan & Riders):

Visit pefmbp.com or call (800) 767-1840, opt. 1, to purchase via Visa, MasterCard, or Discover. You may purchase your plan and riders at the same time.

Optional Riders Available:

- Business Protection Rider - \$60/yr
- Elder Law Rider - \$55/yr
- Parole Officer Rider - \$22/yr
- Traffic Defense Rider - \$30/yr

To purchase your riders of choice via Visa, MasterCard, or Discover after your payroll deduction has been processed, call PEF MBP at (800) 767-1840, opt. 1, after you have emailed this form to PEF MBP.

Return enrollment form to mbinsurance@pef.org.

PEF Membership Benefits Program Voluntary Legal Service Plan Pension Deduction Authorization for Retirees

To: The Comptroller of the State of New York
Pursuant to 110 of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowances from the NYS and Local Retirement Systems in the amount necessary to cover membership dues, legal plan costs, or insurance premiums payable on my behalf to the NYS Public Employees Federation Retirees. Authorization is also given to make any changes the union certifies to the Retiree Systems as necessary in the amount of such dues, legal plan costs, or insurance premiums. I understand that the NYS Public Employees Federation Retirees is 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.

Signature of PEF Retiree* _____ Date _____

* By signing above, you are authorizing the PEF Membership Benefits Program to deduct the cost of the Voluntary Legal Service Plan from your paycheck at the rate specified on the form.

Credit/Debit Card Purchase (Plan & Riders):

Visit pefmbp.com or call (800) 767-1840, opt. 1, to purchase via Visa, MasterCard, or Discover. You may purchase your plan and riders at the same time.

Optional Riders Available:

- Business Protection Rider - \$60/yr
- Elder Law Rider - \$55/yr
- Parole Officer Rider - \$22/yr
- Traffic Defense Rider - \$30/yr

To purchase your riders of choice via Visa, MasterCard, or Discover after your pension deduction has been processed, call PEF MBP at (800) 767-1840, opt. 1, after you have emailed this form to PEF MBP.

Return enrollment form to mbinsurance@pef.org.