



New York State Security & Law Enforcement Retiree Chapter 82 Membership Application & Dues Deduction Authorization

NAME	/ / DATE OF BIRTH	- - SOCIAL SECURITY NUMBER
SPOUSE'S NAME	/ / DATE OF BIRTH	- - SOCIAL SECURITY NUMBER () -
HOME ADDRESS	@	
CITY	STATE	ZIP
R	E-MAIL ADDRESS	
RETIREMENT NUMBER, (Required, Printed on Pension Check)	Pre-Retirement Employer &	Job Title
		RETIREMENT DATE

Pursuant to Section 110-c of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Retirement Systems in the amount necessary to cover membership dues payable on my behalf to Retiree Chapter 82, AFSCME. Authorization is also given to make any changes Retiree Chapter 82, AFSCME certifies to the Retirement System as necessary in the amount of such dues. I, the undersigned, do hereby authorize you to deduct from my monthly allowance the amount of \$10.25 for payment of dues or an amount as may be certified to you by Retiree Chapter 82, AFSCME, as my dues. I understand that Retiree Chapter 82, AFSCME, is my agent and all requests to begin, modify or revoke deductions must be submitted through Retiree Chapter 82, AFSCME. This authorization shall remain in effect until revoked by me by written notice through Retiree Chapter 82, AFSCME or until otherwise revoked pursuant to law.

I wish to Opt-Out of the \$3,000 Death Benefit and acknowledge that my dues will be \$2.00 per Month.

DATE
SIGNATURE OF PENSIONER