



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 _____ HOME PHONE NUMBER _____
CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS _____ @ _____ CELL PHONE NUMBER _____
RETIREMENT NUMBER _____ Pre-Retirement Employer & _____ Job Title _____ RETIREMENT DATE _____
(Required, Printed on Pension Check)

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 Council 82, AFSCME. Authorization is also given to make any changes the Union 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 ~~\$7.00~~ for payment of dues or an amount as may be certified to you by the Union 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 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.

I wish to Opt-Out of the \$3,000 Death Benefit and acknowledge that my dues will be ~~\$4.00~~ ^{4.00} per Month. **Monthly Dues \$4/\$13 effective 1/1/2026**

DATE _____

SIGNATURE OF PENSIONER _____

