

**NEW YORK STATE RETIREES - PEF**  
**is a statewide organization**  
**dedicated to achieving a better life for retirees.**

*Please send me information on the following Retiree Membership Benefits:*

- |  |  |
|--|--|
| <input type="checkbox"/> Dental / Vision Program | <input type="checkbox"/> Home & automobile Insurance       |
| <input type="checkbox"/> Legal Service Plan      | <input type="checkbox"/> 5% Travel rebate                  |
| <input type="checkbox"/> Magic Kingdom Club      | <input type="checkbox"/> Discounted cellular phone service |
| <input type="checkbox"/> Car rental discounts    |  |

**New York State Retirees Public Employees Federation, AFL-CIO**  
**PENSION DEDUCTION AUTHORIZATION**

\_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

\_\_\_\_\_  
*Street Address* *City* *State* *Zip* *County* *Home Telephone No.*

\_\_\_\_\_  
*Social Security No.* *Retirement No. (REQUIRED: No. is printed on pension check)*

To The Comptroller of the State of New York:

Pursuant to Section 110 of the Retirement and Social Security Law. I hereby authorize deductions to be made 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 Retirees Public Employees Federation. Authorization is also given to make any changes the union certifies to the Retirees System as necessary in the amount of such dues or insurance premiums. I understand that the NYS Retirees, Public Employees Federation 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 Retiree*

\_\_\_\_\_  
*Date*

RET1043-899



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POSTAGE WILL BE PAID BY ADDRESSEE

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 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES



**NYS RETIREES**  
**NYS PUBLIC EMPLOYEES FEDERATION**  
**PO BOX 12414**  
**ALBANY NY 12214-5547**

