

NEW MEMBER ENROLLMENT

(Please Print – Instructions on Reverse)

Social Security Number: _____ Retirement Date: _____
Name: _____ Last PEF Division#: _____
Address: _____ City: _____
State: _____ Zip: _____ NY County: _____
Telephone: (____) _____ E-mail Address: _____

Return your completed enrollment card and signed \$18 check to:

**PEF Retirees
1168-70 Troy Schenectady Road • PO Box 12414
Albany, New York 12212-2414**

 RET1670-5/07



I N S T R U C T I O N S

The **Social Security number** is required by the Retiree Office for positive identification. The Retiree Office does not share the Social Security number with any other organizations and does not print the Social Security number on any records or documents. It only appears on computer screens when a record is displayed.

For **Retirement Date**, please use your last day on the payroll.

If you remember your old **Division number**, please write it in. If you do not remember it, write in your last agency and work location.

Please give us your **e-mail address** as we plan to develop an electronic newsletter in order to reduce postage costs. Your e-mail address will NOT be shared with any other organizations.

Completed forms and \$18 signed check should be mailed to:

PEF Retirees ♦ 1168-70 Troy-Schenectady Road ♦ P.O. Box 12414 ♦ Albany, New York 12212-2414