

MEMBERSHIP  
BENEFITS



INTEGRITY



SOLIDARITY



CONTRACT  
NEGOTIATIONS



COMMUNITY



REPRESENTATION

A VOTE/  
A VOICE






UNITY



PROTECTION



# MEMBERSHIP KIT

 **New York State**  
**Public Employees Federation, AFL-CIO**  
*Representing 50,000 professional, scientific, and technical employees*  
**Wayne Spence, President • Joseph F. Donahue III, Secretary-Treasurer**  
 1168-70 Troy-Schenectady Rd | PO Box 12414  
 Albany | NY | 12212-2414 | [www.pef.org](http://www.pef.org)  
 [facebook.com/PublicEmployeesFederation](https://facebook.com/PublicEmployeesFederation)  
 [twitter.com/nyspef](https://twitter.com/nyspef)

 **MEMBERSHIP**  
 BENEFITS PROGRAM  
 10 Airline Drive | Suite 101  
 Albany | NY | 12205 | [www.pefmbp.com](http://www.pefmbp.com)  
   



New York State Public Employees Federation, AFL-CIO



New York State  
**PUBLIC EMPLOYEES  
FEDERATION AFL-CIO**

1168-70 Troy-Schenectady Road  
P.O. Box 12414  
Albany, NY 12212-2414

(518) 785-1900  
(800) 342-4306  
Fax (518) 785-1814

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Joseph F. Donahue III  
**Secretary-Treasurer**

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## Welcome To PEF

***Welcome to the NYS Public Employees Federation, PEF!***

**We are asking you to please sign up as a PEF member. Here's why:**

Being a PEF member will give you a voice on the job and in the community.

Our union advocates for the work we do because our work protects and improves the quality of life for all New Yorkers.

We tell state decision makers and elected officials how and why our work is essential.

We advocate for New Yorkers and the professional work done by PEF members with members of Congress and federal decision makers. That is why there is a VOTE/COPE sign up card in this orientation packet—so you can become an active participant in PEF's efforts to defend and extend the funding and support that our work receives from federal resources. Please mail it back to us today along with other relevant material.

**In addition, being a PEF member gives you a voice in many workplace issues:**

1. You can vote on the contracts that affect your rights on the job, your negotiated health benefits and other quality-of-life issues.
2. You can help elect co-workers who will represent you on the job, or even better, you can become an elected union representative yourself so the needs and concerns of your co-workers are heard and acted upon.
3. You will be a member of an active organization that seeks out members to participate in a variety of ways. Your voice matters in PEF.

**As a PEF member, you will also be entitled to take advantage of many “no cost” and discounted benefits through the PEF Membership Benefits Program (PEF MBP). Benefits provided by the PEF MBP are not funded by PEF dues. One of the most valuable benefits is the insurance offering provided by Sun Life. Please see other side for details.**

**► New Employees Have 240 Days To Enroll In The Group Term Life, Short-Term Disability And Long-Term Disability Insurances.**

Enclosed is a brochure and the enrollment application for enrollment in these valuable insurance programs designed to safeguard your financial future and the future of your loved ones. It is important to note that by enrolling in these coverages, up to the guaranteed issue limits noted below, within the first 240 days of employment, you will not be required to complete and submit a medical questionnaire to be reviewed prior to approval. However, if you do not enroll in the first 240 days of your date of hire, or you request coverage in excess of the coverage levels below, you will be required to submit a medical questionnaire with your enrollment application, which must be approved by the insurance company prior to receiving coverage. Please review the brochure and contact the PEF Membership Benefits Program with any questions you may have. **You should be aware that New York State employees are not covered by NYS disability insurance, so this insurance may be of great value to you.**

During your first 240 days, you can apply for:

- Group Term Life Insurance—Up to 3 times basic annual earnings on yourself and up to \$20,000 on your spouse and \$15,000 per dependent child
- Short-Term Disability—A weekly benefit of up to \$400
- Long-Term Disability—50% or 60% of your current monthly income in coverage

We encourage you to visit the PEF website at [www.pef.org](http://www.pef.org) to learn more about PEF. If you have any questions about the insurance benefits, contact the PEF Membership Benefits Program at (800) 342-4306, ext. 243 or visit [www.pefmbp.com](http://www.pefmbp.com).

Once again, on behalf of our more than 50,000 members, we welcome you to the PEF family!

In Unity,



Wayne Spence, *President*  
NYS Public Employees Federation



Joe Donahue, *Secretary-Treasurer*  
NYS Public Employees Federation

*\*NOTE: See enclosed brochure for further details.*



# New York State Public Employees Federation, AFL-CIO

## PEF Membership Application and Dues Payroll Deduction Authorization



### TO BECOME A MEMBER ...

*Complete this application form and mail it to PEF Headquarters  
PO Box 12414 Albany, NY 12212-2414 Attn: MIS.*

**Please print LEGIBLY:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
First Line Street Address

\_\_\_\_\_  
Second Line Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone No.

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Telephone No.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM / DD / YYYY)

### PEF Online Information

- Get valuable updates via email or text message
- **IMPORTANT:** Personal emails are required due to New York State restrictions on the use of work emails.

Email Address (*please print*) \_\_\_\_\_@\_\_\_\_\_

Phone for Text: ( ) \_\_\_\_\_ - \_\_\_\_\_ (*Note: Texting fees may apply*)

*By providing the information above, you are giving PEF and PEF Membership Benefits Program (PEF MBP) permission to contact you regarding PEF union notices (e.g., PEF ON THE MOVE which provides notices on contract benefits/benefit changes, issues affecting terms and conditions of employment, contract negotiations, as well as PEF MBP benefit updates). You can opt-out of these at any time.*

Check every activity in which you might participate:

- |  |   |
|--|---|
| <input type="checkbox"/> Social Activities   | <input type="checkbox"/> Letter Writing               |
| <input type="checkbox"/> Contract Solidarity | <input type="checkbox"/> Division Membership Meetings |
| <input type="checkbox"/> Demonstrations      | <input type="checkbox"/> Welcome Committee            |
| <input type="checkbox"/> Member Mobilizer    | <input type="checkbox"/> Other: _____                 |

You can apply online @ [www.pef.org/join-pef/](http://www.pef.org/join-pef/)

**OR you can send this form by**

Fax to: 518-252-4050

Email to: [JoinPEF@pef.org](mailto:JoinPEF@pef.org)

Mail to: Membership Information Services

New York State Public Employees Federation

PO Box 12414

Albany, NY 12214-5551

### Additional Information

- Have you received an orientation to PEF?  
 No     Yes – when (*date*): \_\_\_\_\_
- Have you served in the U.S. Military?  No     Yes

### Membership Authorization, Dues Deduction/Checkoff Authorization

Membership Authorization: Yes, I want to join with my fellow employees and become a member of PEF. I hereby request and voluntarily accept membership in PEF and I agree to abide by its Constitution and Bylaws. I authorize PEF to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Dues Deduction/Checkoff Authorization: I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union's activities. I hereby request and voluntarily authorize the Comptroller of the State of New York and/or my employer to deduct from my earnings and to pay over to PEF an amount equal to the regular monthly dues uniformly applicable to members of PEF, in the amount certified by PEF in this and succeeding years of my employment. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. mail to PEF during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and PEF, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in PEF.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**WHAT IS COPE?**

- Committee on Political Education-PEF'S Political Action Fund for federal elections;
- Union dues CANNOT be used for federal elections, only voluntary contributions can be used
- COPE is administered for PEF by its parent unions, SEIU, and AFT

**PURPOSES OF COPE**

- Educate members, the public, elected officials and candidates on union issues
- Form coalitions with like-minded groups
- Boots on the ground-being able to go door-to-door and phone bank
- Elect union-friendly candidates

**BRING FEDERAL DOLLARS TO NY**

- Only 11 states give more tax dollars to the federal government than they get back
- NY has the largest disparity-\$24 billion
- Over 1/3 of the state budget is funded by the federal government

**FEDERAL FUNDS ARE USED FOR**

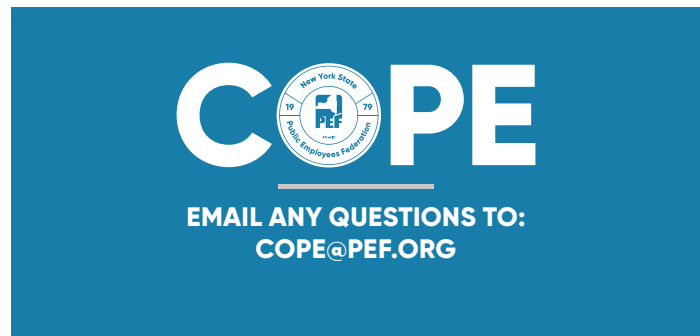
- Medicaid funds services in OMH, OPWDD, DOH, OASAS, SUNY Hospitals, Roswell Park Cancer Institute, and Helen Hayes Hospital
- Federal infrastructure supports DOT
- DOL is comprised of almost 100% federally funded positions
- Federal funds go into SED, Higher Ed, Homeland Security, Encon, OCFS, etc.

**WHY DOES PEF HAVE TO THINK ABOUT FEDERAL POLITICS?**

- Job security
- Social security
- Health insurance and prescription drug costs
- Pensions
- Workers comp
- Your union
- Taxes
- Safety on the job
- Medicare
- NLRB sets rules for wages, overtime, etc.

**MONEY EQUALS POWER IN POLITICS**

- COPE gets PEF "a seat at the table"
- Counter the well-funded, anti-worker/anti-union groups



**Send a message to Washington, D.C.  
Authorization for Voluntary COPE Payroll Deduction**



	Gold \$20	Silver \$10	Bronze \$5	Other	Signed up by _____		
1. Amount per pay period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Last Name _____	First Name _____			M.I. _____			
3. Home Address Street & No. _____	Apt _____		City _____	State _____	Zip Code _____		
4. NYS Agency & Bureau or Facility _____	Job Title _____						
5. Deduction Effective no earlier than date ____/____/____	Signature _____			6. Today's Date ____/____/____			

I hereby authorize regular payroll deductions from my earnings in the amount specified hereon as a voluntary contribution to be paid to the Treasurer of PEF COPE, to be used in accordance with applicable federal and state laws for political purposes including, but not limited to, addressing political issues of public importance and contributing to federal elections. My contribution is voluntary, and I understand that: a) it is not required as a condition of employment or membership in the union; b) I may refuse to contribute without reprisal; c) I may revoke this authorization at any time by giving written notice to the Treasurer of PEF COPE and/or my payroll office, such revocation being effective when accepted into the employer's payroll system. This authorization supersedes all previous authorizations. Only union members and executive/administrative staff of this union who are U.S. citizens or lawful permanent residents are eligible to contribute to PEF COPE, the contribution amounts on this form are merely suggestions. I may contribute more or less by this or some other means without fear or favor of disadvantage from the union.

A copy of the New York State Public Employees Federation COPE report is filed with the Federal Election Commission and is available for purchase from the Election Commission, Washington, D.C. Copies of these reports are also on file with the New York State Board of Elections, Albany, New York. Contributions to PEF COPE are not deductible as charitable contributions for federal income tax purposes.

**To Submit:**

Scan or take a picture of this form & email to: [cope@pef.org](mailto:cope@pef.org), Or

Bring to your PEF Steward or mail to: PEF COPE • New York Public Employees Federation, AFL-CIO • 1168-70 Troy Schenectady Road, P.O. Box 1244 • Albany, New York 12212-2414

Questions? Contact - [cope@pef.org](mailto:cope@pef.org)





*A Union of Professionals*

AMERICAN FEDERATION  
OF TEACHERS AFL-CIO

## AFT Benefits

Through our affiliation with the American Federation of Teachers (AFT), PEF members are eligible for the following benefits:

- Scholarship Programs
- Mortgage Program
- Flower Discounts
- Magazine Discounts
- Health Clubs
- Powell's Online Bookstore
- AFT Credit Card

For additional information, contact AFT at (800) 238-1133 or [www.aft.org](http://www.aft.org) and click on "Member Benefits" and then "Your Benefits." You will need to identify yourself as an AFT Local 4053 member.



SERVICE EMPLOYEES  
INTERNATIONAL UNION  
AFL-CIO, CLC

## SEIU Benefits

Through our affiliation with the Service Employees International Union (SEIU), PEF members are eligible for the following benefits:

- Mortgage Assistance Program
- SEIU Scholarship Programs
- Credit Card
- Union Made Checks
- Health Club Discounts

For additional information, contact Union Plus at (800) 452-9425 or visit [www.seiu.org](http://www.seiu.org) or [www.unionplus.org](http://www.unionplus.org) and look under Resources. You will need to identify yourself as an SEIU Local 4053 member.

*The Public Employees Federation does not endorse the benefits made available to you through AFT or SEIU. The benefits have NOT been researched or investigated by PEF Membership Benefits Program. Questions or problems with the above listed benefits must be directed to either AFT or SEIU depending on the benefit.*

# About the PEF Membership Benefits Program

The PEF Membership Benefits Program offers valuable insurance protection, legal and financial planning services, educational benefits, and everyday savings with discounts on movie tickets, theme/water parks, sporting events, performing arts events, ski lift tickets, hotels, car rentals, and more.

For a complete listing of available benefits and benefit details, please review the Member Benefit Guide enclosed, or visit [pefmbp.com](http://pefmbp.com).

## Join PEF Today!



Start taking advantage of all that PEF, and the PEF Membership Benefits Program has to offer you. Scan the QR code to Join PEF today or visit [pef.org/join-pef](http://pef.org/join-pef)

Or complete the PEF Membership Enrollment form enclosed and return it to PEF:

New York State Public Employees Federation AFL-CIO  
1168-70 Troy-Schenectady Road  
PO Box 12414  
Albany, NY 12212-2414

## Your PEF Membership Identification Card:

Once your PEF membership enrollment form is processed, you will receive your PEF Membership Identification Card with your 7-digit Member Identification Number (MIN). You will use your 7-digit MIN to:

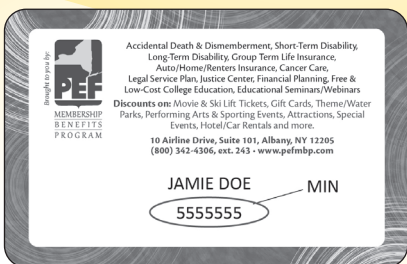
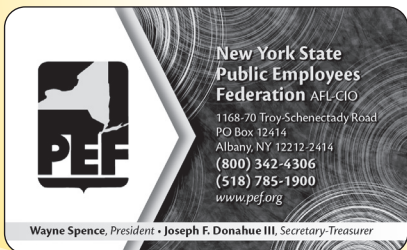
- Access certain information on the PEF website.
- Receive discounts and promotional offers available through the PEF Membership Benefits Program.
- Take advantage of valuable insurance benefits, legal & financial services, and much more.

**Keep your Membership Identification Card in a safe place!** Store your 7-digit Membership Identification

(more →)

Number in your mobile phone.

**Keep an eye out for your new card**—it looks like this! When you receive it, start rewarding yourself with the many valuable benefits available through the PEF Membership Benefits Program.



Don't have your card yet and need your MIN?  
Call the PEF Membership Benefits Program at  
(800) 342-4306, ext. 243  
or email [mbp@pef.org](mailto:mbp@pef.org)

*follow*  
PEF MBP



*find us on*  
FACEBOOK, INSTAGRAM,  
TWITTER, and LINKEDIN



# Important Insurance Information for Newly Hired Employees

## (240 Days to Enroll!)

New employees in the PS&T unit have 240 days from their date of hire to enroll in these important insurance programs available through the PEF Membership Benefits Program and Sun Life.

Protect yourself, your family, and your paycheck. Take advantage of these valuable insurance programs designed to safeguard your financial future and the future of your loved ones:

- ▶ **Short-Term Disability Insurance**—coverage up to \$400 weekly
- ▶ **Long-Term Disability Insurance**—coverage of 50% or 60% of your current monthly income
- ▶ **Group Term Life Insurance**—coverage up to 3X basic annual earnings for yourself, \$20,000 for a spouse or domestic partner, and \$15,000 for eligible dependent children

Enroll in any or all three insurances **within 240 days of your date of hire**, with **no medical questions asked**, up to the guaranteed issue limit.<sup>1</sup>

### Why enroll in disability insurance?

- **Protect your most important asset**—your ability to earn a paycheck and income.
- **Insure you have a source of income to live on**—should you become temporarily or permanently disabled.
- **Most adults, live paycheck to paycheck**—with emergency savings to cover expenses for just 3 months.
- **You're not invincible**—debilitating accidents, illnesses, and injuries can happen to anyone, at any time, and any age.

### Why enroll in Group Term Life insurance?

- **Guaranteed protection**—for those who depend on you for support.
- **Financial security**—for your spouse and children who could suffer from a potentially devastating financial loss if something happened to you.
- **Income replacement**—to help your family pay off debts, pay living expenses, medical, or final expenses.
- **If single**—protect your parents by providing a cash benefit for funeral expenses, outstanding debts, and more.

(more →)

**To participate, you must become a dues-paying PEF member.**

- To become a member, enroll online at [www.pef.org/join-pef](http://www.pef.org/join-pef) or complete the enclosed PEF Membership Enrollment form.
- Scan the QR code to complete an online application



Enroll online today!

**To enroll online, you will need your:**

- PEF Member Identification Number (MIN), which you will receive after you join PEF.
- Website password: If signing into the PEF MBP website for the first time, you will need to request a password reset from the system.
- Don't have your MIN? Call PEF MBP at (800) 342-4306, ext. 243, Option 1, or email [mbp@pef.org](mailto:mbp@pef.org).

Review the enclosed Sun Life brochure to learn more about these valuable insurance programs or:

- Call the **PEF Membership Benefits Program** at **(800) 342-4306, ext. 243, Option 2,**
- Email [mbinsurance@pef.org](mailto:mbinsurance@pef.org), or
- Visit [pefmbp.com](http://pefmbp.com)

If you do not enroll in these insurance programs within 240 days from your date of hire you can still enroll at a late date, however, you will need to complete a medical questionnaire upon enrollment which must be approved by Sun Life.



<sup>1</sup>See policy for full details.

The group insurance policies described in this advertisement provide disability income insurance only. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for these Group Life, Short-Term Disability and Long-Term Disability policies is 65 percent. These ratios are the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

Group life and disability insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 13-GP-LF-01, 13-LF-C-01, 12-GPPort-P-01, 13-LFPort-C-01, 15-LF-GP-01, 15-LF-C-01, 12-GPPort-P-01, 15-LFPort-C-01, 13-GP-LH-01 and 13-ADD-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 12-GPPort-01, and 12-STDPort-C-01.

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SLPC 27411 04/16 (exp. 05/22)



# Sun Life and Health Insurance Company (U.S.)

One Sun Life Executive Park, Wellesley Hills, MA 02481 800-247-6875



Group Enrollment form for Voluntary Group Term Life, Accidental Death and Dismemberment, Short-Term Disability Income, and Long-Term Disability Income Insurance

## 1 General information

Policyholder name PEF Membership Benefits Program		Account number 819927	
Street address 10 Arline Drive, Suite 101	City Albany	State NY	Zip code 12205
Type of activity: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Reason:			

## 2 Member information

Member's Full Legal Name (First, MI, Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Street Address	City	State	Zip Code
Marital Status	Email Address	Phone number	
Member Status: <input type="checkbox"/> Active Union <input type="checkbox"/> Retired	Member ID #:	Social Security number	

You need to complete all sections of the enrollment form and sign it. This must be done either during the enrollment period or within 240 days of your eligibility date. PEF Membership Benefits Program will inform you which benefits are available. If after 240 days, please complete an online EOI, at [www.mysunlifebenefits.com](http://www.mysunlifebenefits.com).

## 3 Benefit elections

### Voluntary Life and Accidental Death & Dismemberment (AD&D) coverage:

If you select Spouse<sup>1</sup> / Partner or child(ren) coverage, you must complete section 4 of this form.

Member	<input type="checkbox"/> \$20,000 <input type="checkbox"/> 1X BAE <input type="checkbox"/> 2X BAE <input type="checkbox"/> 3X BAE **BAE = Basic Annual Earnings
Spouse <sup>1</sup> / Partner and Child(ren)	<input type="checkbox"/> \$20,000 Child(ren): \$15,000
Child(ren)	<input type="checkbox"/> \$15,000

\*Spouse<sup>1</sup> / Partner and Child(ren) may only be covered if Member is enrolling in, or already has a policy on themselves. Spouse<sup>1</sup> / Partner and Child(ren) are not eligible for Voluntary AD&D. Your Spouse<sup>1</sup> / Partner cannot elect more than 100% of your amount of Insurance for which you are eligible. Your Child(ren) cannot elect more than 100% of your amount of Insurance for which you are eligible or \$25,000, whichever is less.

### Disability coverage:

Member Short-Term Disability .....  \$100  \$200  \$300  \$400

Member Long-Term Disability .....  50%  60%

#### 4 Dependent information

Please complete this entire section if you are selecting dependent coverage. You must complete this section if you elected coverage for your Spouse<sup>1</sup> / Partner and/or child(ren).

Relationship	Full Legal Name (First, MI, Last)	Gender	Social Security No.	Date of Birth
Spouse <sup>1</sup> / Partner			XXX-XX-	
Children			XXX-XX-	
			XXX-XX-	
			XXX-XX-	

- I understand Spousal<sup>1</sup> / Partner coverage is for married individuals or those who have executed domestic partnership forms on file with PEF Membership Benefits Program. If I have a change in my marital status, I must contact PEF Membership Benefits Program as soon as possible.
- I understand dependent children must be under the age of 19 years old or unmarried and under the age of 25 enrolled as a full-time student and who depends on me for 50% or more for his/her support. Not applicable to Life or Dental.
- For Life Insurance: I understand that dependent children must be dependent on me for support and maintenance and either under the age of 19 years old, or unmarried and under the age of 25 enrolled as a full-time student.

#### 5 Beneficiary Designation information

##### Primary Beneficiary Designation

**Voluntary Life and AD&D Insurance** – On the lines below, list the individual(s) who should receive proceeds in the event of your death. You may specify as many individuals as you like, but the total proceeds must equal 100%. If you do not name a beneficiary or if no beneficiary is alive at the time of your death, proceeds will be payable in accordance with your Group insurance certificate.

			Percent share of proceeds
1 Name (First, M.I., Last)	Relationship to Member	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to Member	Social Security number	%
Address	Phone number	Date of birth	
3 Name (First, M.I., Last)	Relationship to Member	Social Security number	%
Address	Phone number	Date of birth	

## 5 Beneficiary Designation information, continued

### Secondary Beneficiary Designation

**Voluntary Life and AD&D Insurance** – On the lines below, list the individual(s) who should receive the proceeds ONLY IF ALL of the individuals listed above as your primary beneficiary(ies) are not living at the time of your death. This is your secondary (or contingent) beneficiary. The secondary (or contingent) beneficiary is not paid if your primary beneficiary is alive at the time of your death.

			Percent share of proceeds
1 Name (First, M.I., Last)	Relationship to Member	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to Member	Social Security number	%
Address	Phone number	Date of birth	
3 Name (First, M.I., Last)	Relationship to Member	Social Security number	%
Address	Phone number	Date of birth	

## 6 Evidence of insurability and authorization information

A medical Evidence of Insurability (“EOI”) application will be required for any Member and/or dependent who applies for coverage more than 240 days past his/her eligibility date. An EOI application is also needed if you:

- apply for a higher coverage than the Maximum Guaranteed Issue amount during an open enrollment period
- want to increase your existing coverage now or at a later date, Whether your existing coverage is with Sun Life and Health Insurance Company (U.S.) or a prior insurance carrier
- decline coverage and then want it at a later date

Coverage subject to evidence of insurability will not go into effect until Sun Life and Health Insurance Company (U.S.) approves it.

Website to complete online EOI: [www.mysunlifebenefits.com](http://www.mysunlifebenefits.com).

**6 Evidence of insurability and authorization information, continued**

I understand that:

- I am requesting coverage under a Group Insurance policy.
- My policyholder will deduct all or part of the premium for contributory coverage from my pay, pension, EFT, or Direct Billing through invoice.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application which is acceptable to Sun Life and Health Insurance Company (U.S.). I have read the Evidence of Insurability notice.
- **Accelerated Benefits:** Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. If you have received an accelerated benefit, your life insurance will be reduced by an amount equal to the accelerated benefit paid by Sun Life and Health Insurance Company (U.S.).
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined. Confined means confined to a hospital or similar facility, or confined at home due to an illness or injury and under the care of a Physician.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief. I have read or had read to me the fraud warning for my state.

**Does not apply to Life Insurance. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

X

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Today's Date

**To the Member: Make a copy of this form for your records before submitting it to:**

**PEF Membership Benefits Program**

**10 Airline Drive, Suite 101**

**Albany, NY 12205**

**(518) 785-1900, ext. 243 or (800) 342-4306, ext. 243**

**mbinsurance@pef.org**

This original enrollment form should remain at Your Policyholder's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment form.

<sup>1</sup> You must be legally married to enroll someone as a spouse.

**Contact us**



**By mail:**

PEF Membership Benefits Program  
10 Airline Drive, Suite 101  
Albany, NY 12205



[www.PEFmbp.com](http://www.PEFmbp.com)



**Sun Life Customer Service**

1-855-697-7336

M–F 8:00 a.m. – 8:00 p.m., ET

## ACT NOW!

NEWLY hired employees in the PS&T unit have  
240 days to enroll in:

- Short-Term Disability Insurance\*
- Long-Term Disability Insurance
- Group Term Life Insurance

... with **no medical questions** asked.<sup>1</sup>

You must be an active, dues-paying PEF member to take advantage of these valuable insurance programs.

## JOIN PEF TODAY!

<sup>1</sup>If the amount you apply for exceeds the Guaranteed Issue amount or if you want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect. For additional information, contact the PEF Membership Benefits Program at (800) 767-1840, opt. 2.

\*New York State employees are not eligible for New York Disability Benefits Law coverage.

## JOIN PEF TODAY!

Take advantage of the many benefits the PEF Membership Benefits Program affords you with your PEF membership.

**Insurance:** Accidental Death & Dismemberment  
• Auto/Home/Renters • Cancer Care • Short-Term Disability  
• Long-Term Disability • Group Term Life Insurance  
• Pet Insurance • Identity Theft Protection, and more

**Legal, Financial & Educational Services:** Legal Service Plan  
• Justice Center • Financial Planning • Debt Management  
• Credit & Student Loan Counseling • Low-Cost College Degree Programs • Educational Seminars & Webinars

**Discounts On:** Movie & Ski Lift Tickets • Gift Cards • Theme/Water Parks • Performing Arts & Sporting Events • Attractions  
• Special Events • Hotel/Car Rentals, and more

## JOIN PEF TODAY...

- Protect your salary, your benefits, your job.
- Gain representation through the discipline process.
- Vote on contracts that affect your rights on the job.
- Run for Union office so the needs and concerns of your co-workers are heard and acted upon.



[www.pef.org](http://www.pef.org)



MEMBERSHIP  
BENEFITS  
PROGRAM



[www.pefmbp.com](http://www.pefmbp.com)