

**PENSION DEDUCTION AUTHORIZATION**  
**For NYS Public Employees Federation Retirees & PEF MBP Endorsed Benefits**

**Personal Information**

*Please complete this section.*

**Retirement Information**

*All fields are required.*

Name: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Address: \_\_\_\_\_

NYSLRS #: R \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

EMP#: \_\_\_\_\_ MIN: \_\_\_\_\_

Email Address: \_\_\_\_\_

*By providing your email address, you are giving PEF MBP permission to communicate with you electronically.*

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**By selecting one or all of the boxes below, you are indicating that you would like your retiree dues and/or any of the PEF MBP benefits listed, paid for via pension deduction.**

YES, deduct my NYS Public Employees Federation Retirees membership dues from my pension.

YES, deduct premiums for my PEF Retiree Dental Insurance, through Sun Life, from my pension.

YES, deduct premiums for my Group Term Life Insurance, through Sun Life, from my pension.

**\* To: The Comptroller of the State of New York**

*Pursuant to §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 Public Employees Federation Retirees. Authorization is also given to make any changes the union certifies to the Retiree System as necessary in the amount of such dues or insurance premiums. I understand that the NYS Public Employees Federation Retirees 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.*

PEF Retiree (print name): \_\_\_\_\_

PEF Retiree (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the PEF Membership Benefits Program,  
40 British American Blvd., Latham, NY 12110**

For questions, please call PEF MBP Retiree Coordinator, Lori Amodio at (518) 785-1900, ext. 296.



MEMBERSHIP  
BENEFITS  
PROGRAM