



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

# PEF Retirees Renewal & Pension Deduction Form

**In order to participate in any of the benefits offered through the PEF Retirees and PEF Membership Benefits Program\*, you must be a dues-paying PEF retiree member — so make sure you renew your PEF Retiree Membership today!**

RENEW YOUR PEF RETIREES MEMBERSHIP AND INDICATE BELOW, YOUR METHOD OF PAYMENT:

- PEF Retirees Enrollment Form and Pension Deduction Authorization & Automatic Renewal Form (\$36/year)**  
Allows for the automatic payment of your yearly dues at the low monthly amount of \$3/month, as well as automatic annual renewal.
- Pay by check (\$41/year)**  
Please make your check payable to “PEF Retirees”.

RETURN YOUR COMPLETED FORM (AND CHECK, IF APPROPRIATE) TO: **PEF Retirees**  
1168-70 Troy-Schenectady Road  
PO Box 12414, Albany, NY 12212-2414

## PEF RETIREE MEMBER RENEWAL

Last Name:	First Name:	Middle Initial:		
Street Address:	City:	State:	Zip:	County:
( ) Telephone No.:	Retirement Date:	Email: By providing your email address, you give PEF, PEF Retirees, and PEF Membership Benefits Program, permission to communicate with you regarding new benefit offers, special savings, promotions, and more.		

**FOR NEW YORK STATE PUBLIC EMPLOYEES FEDERATION, AFL-CIO PENSION DEDUCTION AUTHORIZATION & AUTOMATIC RENEWAL**  
(Checking the box and providing your signature below, initiates your pension deduction for dues, and confirms your annual, automatic renewal in PEF Retirees.)

**To the Comptroller of the State of New York:**  
Pursuant to Section 110 of the Retirement and Social Security Law, I hereby authorize deductions 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 provided for changes the union certifies to the Retirees System as necessary in the amount of such dues or insurance premiums. I understand that the NYS Public Employees Federation Retirees are 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.

Retiree's Signature:	Date:
----------------------	-------

\*To participate in benefits offered through PEF Membership Benefits Program, you must be a dues-paying PEF retiree and you must have been an active, dues-paying PEF member at some point in your working career. Your participation as a prior, active, dues-paying PEF member was verified during your initial enrollment. PEF Retiree members with no prior dues-paying member participation in PEF, are entitled to participate in the following benefits only: PEF Retiree Dental Program, PEF Retiree Vision Program, MBP Auto/Home/Renters Insurance, MBP Voluntary Legal Service Plan, MBP regional vendor discounts.