



NYS PEF RETIREES
1168-70 Troy-Schenectady Road
PO Box 12414
Albany, NY 12212-2414

PEF Retirees Spousal Enrollment Form

Spouse of: _____

MIN: _____

To participate in any of the benefits offered through the PEF Retirees and the PEF Membership Benefits Program*, you must be the spouse of an active or deceased, dues-paying PEF Retiree member.

To enroll, please complete the PEF Retiree Spousal Enrollment Form below using your information (i.e., name, SS#). If you receive a beneficiary pension, you may complete the Pension Deduction Authorization section to allow for automatic payment of your yearly dues at the low monthly amount of \$3 per month (\$36 annually). The Pension Deduction Authorization also serves as an automatic yearly renewal of your membership.

If you do not receive a beneficiary pension, you must pay by check. You may also choose to pay by check rather than using the pension deduction option. If you pay by check, the cost is \$41 annually and you will receive a renewal notification via an invoice from the PEF Retirees.

PEF RETIREE MEMBER ENROLLMENT THROUGH PENSION DEDUCTION

Last Name:		First Name:		Middle Initial:	
Street Address:		City:		State:	Zip:
() _____		() _____		____/____/____	
Telephone No.:		Cell Phone No.:		Retirement Date:	
_____		_____		____-____-____	
New York State & Local Retirement (NYSLRS) ID#				Social Security Number:	
_____				____-____-____	

Email: By providing your email address, you give PEF, PEF Retirees, and the 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 above 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.

PEF Retiree Spousal Signature: _____

Date: _____

PEF RETIREE MEMBER ENROLLMENT BY CHECK

TO ENROLL BY CHECK:

1. Provide your social security number to allow for the processing of your application. ____-____-____
2. Return your completed form and a check for \$41 annually, payable to PEF Retirees to:
NYS PEF Retirees, 1168-70 Troy-Schenectady Road, PO Box 12414, Albany, NY 12212-2414

To participate in all benefits offered through the PEF Membership Benefits Program, except the voluntary insurances and a few other benefit offerings, your spouse must have been an active, dues-paying PEF member at some point in their career—a qualifying criteria that is verified during your spouse's initial enrollment. *PEF Retiree members with no prior dues-paying member participation in PEF, are entitled to participate in the following benefits: PEF Retiree Dental, PEF Retiree Vision, and the following PEF MBP benefits: Auto/Home/Renters Insurance, Voluntary Legal Service Plan, Pet Insurance, Cambridge Credit Counseling, CarePatrol, Connect America, Dignity Memorial Funeral Benefit, Low-Cost College Benefit, and much more. Visit pefmbp.com/pef-retirees/benefits-for-pef-retirees to learn more.