

Return enrollment form and payment (if applicable) to:

PEF Membership Benefits Program

10 Airline Dr., Suite 101

Albany, NY 12205

Voluntary Legal Service Plan Enrollment Form

This Voluntary Legal Service Plan Enrollment Form allows you to enroll in the Voluntary Legal Service Plan sponsored by the PEF Membership Benefits Program. Once enrolled, you have the opportunity to take full advantage of reliable advice from a powerful team of legal experts at substantially reduced rates.

In addition, you will receive a Voluntary Legal Service Plan Certificate of Coverage and Legal Security Package containing documents for completion. If you have questions regarding the Voluntary Legal Service Plan or any other MBP benefits, call (518) 785-1900 or (800) 342-4306, ext. 243.

7-digit Membership Identific	cation Number (MIN)	Member's Last Name	First Name	Middle Initial
Address		City	State	Zip
Home Phone	Cell Phone	Email (By providing your	email address you are giving us permission to	communicate with you electronically.)
Select one:				
☐ <u>Actively working</u>	g, dues-paying PEF memb	er	☐ Dues-paying <u>PEF Retiree</u> mer	mber
Check all that apply	y:		Check all that apply:	
☐ Payroll Deduction for Voluntary Legal Service Plan — \$3 per pay period (26 pay periods)		n —	Pension Deduction for Voluntary Legal Service Plan —\$6.50 per pension check (12 payment periods)	
PEF Membership Benefits Voluntary Legal Service Plan Payroll Deduction Authorization		al Service Plan	PEF Membership Benefits Voluntary Legal Service Plan Pension Deduction Authorization - Retiree	
Employees of the State of New York, New York State Public Employees Federation (PEF), AFL-CIO			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 allowances from the NYS and Local Retirement Systems in the amount necessary to cover membership dues, legal plan costs, 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 Systems as necessary in the amount of such dues, legal plan costs, or insurance premiums. I understand that the NYS Public Employees Feder- ation 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.	
I authorize the Comptroller of the State of New York to deduct from my salary, bi-weekly, the necessary amount to cover the enrollment fee for the PEF Membership Benefits Program Voluntary Legal Service Plan. It being understood and agreed that in the event that, for any reason whatsoever, I shall become ineligible or disqualified for this bi-weekly deduction, or I shall terminate this authorization, I shall immediately pay directly to the Legal Service Plan, the entire unpaid balance of my annual enrollment fee. This authorization shall remain in effect until revoked by my written notice to you by certified mail or until otherwise revoked pursuant to law.				
Signature of PEF Membe	r	Date	Signature of PEF Retiree	Date
☐ Check/money order for the Voluntary Legal Service Plan — \$78 made payable to the PEF Membership Benefits Program.		ı	☐ Check/money order for the Voluntary Legal Service Plan — \$78 made payable to the PEF Membership Benefits Program.	
☐ Visa/Mastercard/Discover for Voluntary Legal Service F Visit pefmbp.com or call (800) 342-4306, ext. 243, opt. via credit or debit card.			☐ Visa/Mastercard/Discover for Vol Visit pefmbp.com or call (800) 34 via credit or debit card.	untary Legal Service Plan (\$78). 2-4306, ext. 243, opt. 3 to purchase
Optional Riders Availa	able:		Optional Riders Available:	
☐ Business Protection Rider - \$60/yr			☐ Business Protection Rider - \$60/yr	
☐ Elder Law Rider - \$55/yr			☐ Elder Law Rider - \$55/yr	
☐ Traffic Defense Rider - \$30/yr			☐ Traffic Defense Rider - \$30/yr	
Riders must be paid fo	r by check/money order or Visa r must have the Base Legal Plan		Riders must be paid for by check/mo Discover only. Member must have the optional rider.	•
Total amount of payment enclosed: \$			Total amount of payment enclosed	l: \$

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