



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

7-digit Membership Identification 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:

- Actively working, dues-paying PEF member
- Dues-paying PEF Retiree member

Check Payment Method for Plan and Riders:

- Payroll Deduction for Voluntary Legal Service Plan—\$3 per pay period (26 pay periods)

PEF Membership Benefits Voluntary Legal Service Plan Payroll Deduction Authorization

Employees of the State of New York, New York State Public Employees Federation (PEF), AFL-CIO

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 Member* _____ Date _____

* To insert your electronic signature, click Fill & Sign on the right navigation, or under Tools, then click on the Sign symbol at the top of the PDF. Create your signature and place on the signature line. By electronically signing above, you are authorizing the PEF Membership Benefits Program to deduct the cost of the Voluntary Legal Service Plan from your paycheck at the rate specified on the form.

- Visa/Mastercard/Discover for Voluntary Legal Service Plan (\$78). Visit pefmbp.com or call (800) 342-4306, ext. 243, opt. 3 to purchase via credit or debit card.

Optional Riders Available:

- Business Protection Rider - \$60/yr
- Elder Law Rider - \$55/yr
- Traffic Defense Rider - \$30/yr

Purchase your riders of choice via Visa, MasterCard, or Discover by calling PEF MBP at (800) 342-4306, ext. 243, opt. 3, after you have emailed this form to PEF MBP. Your Plan purchase via payroll deduction must be processed before you can buy your rider(s).

Return enrollment form to mbinsurance@pef.org.

Check Payment Method for Plan and Riders:

- Pension Deduction for Voluntary Legal Service Plan—\$6.50 per pension check (12 payment periods)

PEF Membership Benefits Voluntary Legal Service Plan Pension Deduction Authorization for Retirees

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 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.

Signature of PEF Retiree* _____ Date _____

* To insert your electronic signature, click Fill & Sign on the right navigation, or under Tools, then click on the Sign symbol at the top of the PDF. Create your signature and place on the signature line. By electronically signing above, you are authorizing the PEF Membership Benefits Program to deduct the cost of the Voluntary Legal Service Plan from your paycheck at the rate specified on the form.

- Visa/Mastercard/Discover for Voluntary Legal Service Plan (\$78). Visit pefmbp.com or call (800) 342-4306, ext. 243, opt. 3 to purchase via credit or debit card.

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