

# CSEA Retiree Membership:

- Eligibility for membership is open to any person who, while actively employed, was a member or an associate member of the Civil Service Employees Association, Inc. and who has retired from active employment OR anyone who receives a retirement allowance from the New York State and Local Retirement Systems or the New York Police and Fire Retirement Systems.
- Membership year October 1st through the following September 30th. Effective Jan. 1, 2008 dues will be \$24.00 a year, paid direct or through monthly deduction from New York State and Local Employees Retirement Systems' pension allowances.
- Member must authorize dues deduction, in writing, by completing the "Pension Deduction Authorization" form below. Be sure to provide all requested information. *Retirement number* is essential and is printed on your pension check.
- Receipt of a retirement allowance is required to process authorization.
- The monthly deduction of \$2.00 will appear under the "miscellaneous" code on your pension stub.
- If you wish to discontinue dues deduction, you must authorize this revocation in writing, by completing a revocation card. This card may be obtained by contacting CSEA Headquarters. To terminate dues deduction, the revocation card must be on file with the Retirement System before the first of the month in which you want the deduction to end.
- **Membership becomes effective when the membership application has been processed and actual payment of dues is deducted.**
- Questions about retiree membership, dues deduction or requests for revocation cards should be directed to the **CSEA Membership Department**. *Do not call the State Retirement System about dues deduction.*



## RETIREE MEMBERSHIP APPLICATION

To the Administrator of Membership Records:

I am hereby applying for membership in the CSEA Retiree Division. I understand that annual membership dues are \$24.00 of which \$.50 is appropriated for political action purposes.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(PLEASE PRINT)

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| <b>This space for CSEA office use only</b> |
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First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ number and street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

COUNTY \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_ ( ) \_\_\_\_\_  
Area Code Home Phone Number

Before I retired, I was employed by \_\_\_\_\_ and was ( ) a member of CSEA Local \_\_\_\_\_  
 ( ) not a CSEA member  
 ( ) a member of \_\_\_\_\_

DATE OF RETIREMENT \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

Dues, contributions or gifts to CSEA are not deductible as charitable contributions for federal income tax purposes. Dues paid to CSEA, however, may be deductible as ordinary and necessary business expenses.



## PENSION DEDUCTION AUTHORIZATION

CSEA, Inc. / Local 1000, AFSCME, AFL-CIO  
 143 Washington Ave., Box 7125, Capitol Station, Albany, New York 12224

Last Name \_\_\_\_\_ (PLEASE PRINT) First Name \_\_\_\_\_ M.I. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ number and street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

( ) \_\_\_\_\_  
Area Code Telephone Number

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ RETIREMENT NUMBER (Required number printed on pension check) \_\_\_\_\_

Pursuant to Section 110-c of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Employees Retirement Systems in the amount necessary to cover membership dues on my behalf to CSEA, Local 1000, AFSCME, AFL-CIO. Authorization is also given to make any changes the Union certifies to the Retirement System as necessary in the amount of such dues. I, the undersigned, do hereby authorize you to deduct from my monthly allowance the amount of \$2.00 for payment of dues, or any amount as may be certified to you by the Union as my dues. I understand that CSEA, Local 1000, AFSCME, AFL-CIO 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Pensioner