

NYSUT MEMBER BENEFITS PENSION DEDUCTION AUTHORIZATION

NYSUT Member Benefits Trust

NYSUT Member Benefits Corporation

NYSUT Member Benefits CMM Insurance Trust



Last Name _____ First _____ Middle Initial _____

Address _____

Phone () _____ NYSUT ID (seven-digit) # _____

Authorization is for _____ Soc. Sec. # _____
(name of plan/insurance)

Please Note: You must be retired for a minimum of six months to be eligible for pension deduction.

Read statements on the reverse side. Signature and date are required.*

Mail this completed form with your invoice to the address on the invoice. Please call 800-626-8101 with any questions.

- I belong to the Teachers' Retirement System of the **CITY of New York** (TRS) and I hereby request a monthly withholding of deductions from my monthly benefit for the purchase of union-sponsored benefits as permitted by Chapter 248, Laws of 1994.
- I belong to the New York City Board of Education Retirement System (BERS).
- I belong to the NYSUT Staff Pension Program.
- I belong to the New York **STATE** Teachers' Retirement System (NYSTRS), or
- I belong to the New York **STATE** Employees' Retirement System (NYSERS) and I hereby request monthly withholding of union deductions from my monthly benefit as permitted by Section 536 of the Education Law and Section 110-C of the Retirement Social Security Law.
- I am a TIAA participant and hereby request a monthly withholding of deductions from my TIAA monthly lifetime annuity income for the purchase of coverages provided through NYSUT Member Benefits' Pension Advantage program. If at any time the total deductions equal or exceed my combined monthly income payments from TIAA, all deductions I have authorized TIAA to take on my behalf will terminate immediately.

NYSERS #: _____

I expressly acknowledge and understand that - 1. Deductions will continue until the appropriate Plan Administrator receives written notice from me to the contrary; 2. NYSUT Member Benefits will determine the exact deductions to be withheld monthly and any questions regarding the amount will be directed by me to NYSUT Member Benefits; 3. Depending on the NYSUT Member Benefits program(s) which I am currently enrolled in and that deductions are taken for, monies will be forwarded to the appropriate NYSUT Member Benefits entity as referenced on the reverse side; 4. For insurance plans, I understand this authorization may be revoked at any time by written notice to the appropriate Plan Administrator; 5. For plans with annual fees, I understand that I must provide written notice to the appropriate Plan Administrator to cancel automatic renewal and that I must satisfy the annual fee. I hereby certify to the NYCTRS, NYSTRS, NYSTRS, NYSERS or TIAA that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as provided by law.

*Signature _____

*Date _____