

NYSUT MEMBER BENEFITS PAYROLL DEDUCTION AUTHORIZATION

NYSUT Member Benefits Trust

NYSUT Member Benefits Corporation

NYSUT Member Benefits CMM Insurance Trust



(Please Print):

Last Name _____ First _____ Middle Initial _____

Address _____ NYSUT ID # _____

Home Phone # _____ Member's SS # _____

I hereby authorize my employer to deduct from each of my salary checks the deductions necessary for the purpose of NYSUT Member Benefits. 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. For insurance plans, I understand that this authorization may be revoked at any time by written notice to the Plan Administrator. For plans with annual fees, I understand that I must provide written notice to the Plan Administrator to cancel automatic renewal and that I must satisfy the annual fee.

Signature of Employee _____ Date _____

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

Please check your union membership affiliation:

- UFT UUP PSC/CUNY*
 All other NYSUT Locals

The amount of deductions will be determined by NYSUT Member Benefits based on the programs chosen, and may be adjusted to ensure that premiums are paid in full.

**This authorization card cannot be used to authorize deductions for PSC-CUNY Welfare Fund Benefits.*