

CHECK ONE BOX ONLY - SIGN AND DATE BELOW

- | | | |
|--|--|---|
| <input type="checkbox"/> 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. The TRS is authorized to continue taking such deductions until NYSUT Member Benefits receives written notice from me to the contrary. | <input type="checkbox"/> I belong to the New York STATE Teachers' Retirement System (NYSTRS), or | <input type="checkbox"/> I am a TIAA-CREF participant and hereby request a monthly withholding of deductions from my TIAA-CREF monthly lifetime annuity income for the purchase of coverages provided through NYSUT Member Benefits' Pension Advantage program. TIAA-CREF is authorized to continue taking such deductions until Member Benefits receives written notice to the contrary. If at any time the total deductions equal or exceed my combined monthly income payments from TIAA-CREF, all deductions I have authorized TIAA-CREF to take on my behalf will terminate immediately. |
| <input type="checkbox"/> I belong to the New York City Board of Education Retirement System (BERS). | <input type="checkbox"/> 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. The NYSTRS or NYSERS is authorized to continue taking such deductions until NYSUT Member Benefits receives written notice from me to the contrary. | |
| <input type="checkbox"/> I belong to the NYSUT Staff Pension Program. | NYSERS #: _____ | |

I expressly acknowledge and understand that NYSUT Member Benefits will determine the exact deductions to be withheld monthly and that any questions regarding the amount will be directed by me to 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 as referenced on the reverse side. 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. I hereby certify to the NYCTRS, NYSTRS, NYSERS, or TIAA-CREF that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as provided by law.

Signature _____

Date _____

NYSUT MEMBER BENEFITS PENSION DEDUCTION AUTHORIZATION

NYSUT Member Benefits Trust

NYSUT Member Benefits Corporation

NYSUT Member Benefits CMM Insurance Trust



(Please Print):

Last Name _____ First _____ Middle Initial _____

Address _____

Home Telephone No. () _____ NYSUT ID # _____

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

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.