

**CSEA, INC.
LOCAL 1000/AFSCME/AFL-CIO
143 WASHINGTON AVENUE, ALBANY, NY 12210**

APPLICATION FOR DUES FREE /ASSOCIATE MEMBERSHIP FOR LAID OFF MEMBERS

I certify that as a member in good standing, I _____, have been
(Print Full Name)

laid off from my employment as of _____ and I have been placed on a preferred list for
(Date)

rehire for _____ by my employer. The first year, I will be placed on dues
(Job Title)

free membership and after the first year, I will become an Associate member at the cost of \$52.00 per year.

Please call the following numbers to make direct billing arrangements for insurance premium payments:

- **CSEA Employee Benefit Fund** -- Dental and/or Vision benefits -- 1-800-323-2732
- **CSEA Member Solutions Center – Insurance Dept.** -- Voluntary Term Life Insurance -- 1-800-342-4146
- **Pearl Insurance** – All other Voluntary Insurance -- 1-800-697-2732

I will notify the CSEA Member Solutions Center -- Membership Records Department of the date I return to work and will furnish CSEA with the name of my employer and my work address.

DATE: _____

SIGNATURE OF MEMBER: _____

HOME ADDRESS: _____

CITY, STATE & ZIP: _____

AREA CODE & HOME PHONE: _____

EMPLOYED BY: _____

MEM ID # OR LAST 4 OF SS#: _____

Should you have any questions, please call Membership Records – 1-800-342-4146.

When completed, please fax to (518-465-2382), email to membership@cseainc.org or mail this form to:

CSEA, Inc.
Member Solutions Center
143 Washington Avenue
Albany, New York 12210