

# 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. Retired employees of CSEA, Inc. who do not receive a pension from the New York State and Local Employees Retirement System or the New York State Policemen's and Firemen's Retirement System shall be eligible to become retired members. Spouses and domestic partners of current retiree members who were never members of CSEA themselves and were never connected with a place of work for which CSEA was the bargaining agent and do not receive a public employment allowance shall be eligible to become retired members.
- Membership year runs October 1st through September 30th. Dues are \$36.00 a year, paid direct or through monthly deduction from New York State and Local Employees Retirement Systems' pension allowances.
- **Make checks payable to CSEA, Inc. in the amount of \$36.00.**
- Receipt of a retirement allowance is required to process pension deduction authorization.

- Members who choose to authorize dues deduction must fill out the form and sign under Authorization for Pension Deduction.
- The monthly deduction of \$3.00 will appear under the "miscellaneous" code on your pension stub.
- **Membership becomes effective when the membership application has been processed.**
- Questions about retiree membership, dues deduction or requests for revocation cards should be directed to **CSEA at 1-800-342-4146. Do not call the State Retirement System about dues deduction.**
- 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 at 1-800-342-4146. 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.

**Send completed application to: CSEA, Inc., 143 Washington Ave., Box 7125, Capitol Station, Albany, New York 12224, Attn: Membership**

## RETIREE MEMBERSHIP APPLICATION

This space for CSEA office use only

I am hereby applying for membership in the CSEA Retiree Division. I understand that annual membership dues are \$36.00 of which \$.50 is appropriated for political action purposes.

**Please Print Clearly and Complete All Fields**

Mr.  Mrs.  Ms.  Miss

\_\_\_\_\_

First Name	MI	Last Name	Date of Birth (MM/DD/YYYY)
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MAILING ADDRESS \_\_\_\_\_

Number and Street	City	State	Zip Code
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Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ County \_\_\_\_\_

By providing my cell phone number I consent to receive calls (including recorded or autodialed calls or texts) at my cell phone number from CSEA and its affiliated labor on any subject matter. You may modify your preferences by calling CSEA at 1-800-342-4146 or visiting the CSEA website at cseany.org.

Home Email \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Retirement \_\_\_\_\_ Male/Female \_\_\_\_\_

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

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

**Non-pensioners are required to pay by check and will be billed yearly.**

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Last Name	First Name	M.I.
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MAILING ADDRESS \_\_\_\_\_

Number and Street	City	State	Zip Code
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Area Code	Telephone Number	SOCIAL SECURITY NUMBER	* RETIREMENT NUMBER (If available, printed on pension check)
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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 \$3.00 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.

**SIGNATURE OF PENSIONER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

