# 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 <u>OR</u> anyone who receives a retirement allowance from the New York State and Local Retirement Systems or the New York Police and Fire Retirement Systems.

- Membership year runs October 1st through September 30th. Effective Jan. 1, 2017 dues will be $36.00 a year, paid direct or through monthly deduction from New York State and Local Employees Retirement Systems' pension allowances.

- Members who choose to authorize dues deduction must fill out the form below and sign under Authorization for Pension Deduction. **Payment of first year dues must be received.**

- The monthly deduction of $3.00 will appear under the "miscellaneous" code on your pension stub **after your first year of direct pay membership.**

- Receipt of a retirement allowance is required to process authorization.

- **Membership becomes effective when the membership application has been processed and actual payment of dues is received.**

- **Make checks payable to CSEA, Inc. in the amount of $36.00 for first year dues.**

- Questions about retiree membership, dues deduction or requests for revocation cards should be directed to the **CSEA Membership Department at 1-800-342-4146 Ext. 5926.** 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 the CSEA Membership Department. 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.

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## RETIREE MEMBERSHIP APPLICATION

To the Administrator of Membership Records:

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.

**SIGNATURE:** _____   **Date:** _____

*(P L E A S E   P R I N T)*

| This space for CSEA office use only |
| --- |
|  |

_____
First Name                          MI                    Last Name

_____
MAILING ADDRESS          number and street          city                          state          zip code

_____
COUNTY                                          E-MAIL ADDRESS     ( _____ ) _____   ☐ OK TO RECEIVE TEXTS
                                                                           Area Code          Cell Phone Number         (please check box)

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:_____ ( _____ ) _____
                                                                           Area Code          Home Phone Number

Before I retired, I was employed by _____ and was ( ) a member of CSEA Local _____
( ) not a CSEA member
( ) a member of _____

DATE OF RETIREMENT _____ MALE/FEMALE _____

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

CSEA, Inc. / Local 1000, AFSCME, AFL-CIO
143 Washington Ave., Box 7125, Capitol Station, Albany, New York 12224

_____
Last Name       *(P L E A S E   P R I N T)*          First Name                          M.I.

_____
MAILING ADDRESS          number and street          city                          state          zip code

( _____ ) _____
Area Code          Telephone Number

_____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER          RETIREMENT NUMBER (Required number printed on pension check)

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.

_____          _____
Date                                                              Signature of Pensioner