



The Retirees Association *of District Council 37*

American Federation of State, County & Municipal Employees, AFL-CIO

125 Barclay Street, New York, N.Y. 10007-2179 • Tel: (212) 815-1781 • Fax: (212) 815-1071

E-Mail: retassn@dc37.net

Enrollment Form

Name: _____

Primary Street Address: _____

City, State, Zip: _____

Primary phone number with area code (Only one number please) () _____

For Most DC 37 Retirees

I authorize deduction of my union dues in the amount of \$3 from my monthly pension. Please check the box next to your pension system. Signature required. Do not send a check.

Last 4 Digits of Social Security Number: XXX-XX-

- The New York City Employees Retirement System (NYCERS)
- The Board of Education Retirement System (BERS)
- The New York State Employees Retirement System (ERS)
- The Cultural Institutions Retirement System (CIRS)

Signature _____

For All Other DC 37 Retirees

My pension comes from the Teachers Retirement System, the Met Museum, MaBSOTA or AFSCME. We do not have a checkoff arrangement with those pension systems. Dues are payable once a year by check of \$36.

Last 4 Digits of Social Security Number: XXX-XX-

- My check is enclosed.

(Checkoff can be revoked at any time by calling Edna at 212-815-7670. Retiree Association membership is not required for you to receive your pension or health care coverage. If you join within 12 months of your retirement, your former local will pay your first year's dues and we will not process payment until January of the following year.)

For Non DC 37 Retirees

I am retired but NOT covered by the DC 37 Health & Security Plan. My full Social Security number is _____ - _____ - _____. Please check the box next to your pension system. Signature required. Do not send a check.

- The New York City Employees Retirement System (NYCERS)
- The Board of Education Retirement System (BERS)
- The New York State Employees Retirement System (ERS)
- The Cultural Institutions Retirement System (CIRS)

Signature _____

For Spouses

I am a spouse/domestic partner of a DC 37 retiree and my full Social Security number is _____ - _____ - _____. My spouse's name is _____ and the last 4 digits of his/her SSN is xxx-xx-_____. My check for \$36 payable to the DC 37 Retirees Association is enclosed.