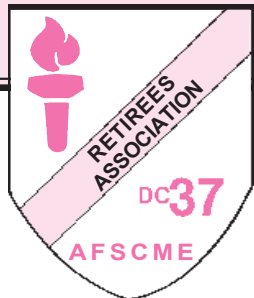


The Retirees Association of District Council 37

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

Organized 1968



125 Barclay Street, New York, N.Y. 10007-2179 • Tel: (212) 815-1781 • Fax: (212) 815-1071
E-Mail: retassn@dc37.net

Enrollment Form

This is a two sided form. Please follow the instructions below and complete both sides as applicable.
When complete mail to the Retirees Association of DC 37, 125 Barclay Street, New York, NY 10007

Name _____

Social Security Number _____

Today's Date _____

Your Gender (Circle one) **M** **F**

Your primary mailing address

Street address _____

City, state, zip _____

Country if outside the United States _____

Your primary telephone number (with area code and country code, if applicable)

Your primary e-mail address _____

Dues deduction authorization or payment (check only one box and follow the instruction),

- I receive a pension from the New York City Employees Retirement System (NYCERS), the Board of Education Retirement system (BERS), the Cultural Institutions Retirement System (CIRS), or the New York State Employees Retirement System (ERS). (Complete the dues deduction authorization form on the reverse side. Do not send a check.)
- I receive a pension from the Teachers Retirement System (TRS) or the Metropolitan Museum of Art (Please enclose a check or money or order payable to the Retirees Association of DC 37 for \$36.)
- I'm not eligible for a city or state pension (Please enclose a check or money order payable to the Retirees Association of DC 37 for \$36.)
- I'm a spouse/domestic partner of a DC 37 retiree. My spouse's social security number is _____ and his/her name is _____. (Please enclose a check of money order payable to the Retirees Association of DC 37 for \$36.)

DUES DEDUCTION AUTHORIZATION

Instructions: Use this form to authorize your dues to the Retirees Association, currently \$3 per month, to be automatically deducted from your pension.

Check the box next to your pension system. It is important that the proper box be checked. The name of your pension system can be found on your monthly check or on the quarterly statement mailed to those having their pensions directly deposited. We can process this authorization without your pension number if you do not know it but your social security number must be included and correct.

When completed, mail this form to the Retirees Association of DC 37, 125 Barclay Street, New York, NY 10007. *Do not* enclose a check or money order.

This authorization can be revoked at any time by calling or writing to us or as otherwise may be provided by your pension plan. Notice of any change of dues rate will be given to each member prior to that change being made.

I, _____, Pension No. _____, Soc. Sec. No. _____

receive my pension from (*check only one box below*):

The **New York City Employees Retirement System (NYCERS)** and I authorize the comptroller of the city of New York, on behalf of NYCERS pursuant to Chapter 207 of the Laws of 1988, Section 13-181 of the Administrative Code of the City of New York, to

OR

The **Board of Education Retirement System (BERS)** and I authorize the comptroller of the city of New York, on behalf of BERS pursuant to paragraph (i), subdivision 18 of section 2575 of the Education Law, to

OR

The **Cultural Institutional Retirement System (CIRS)** and I authorize CIRS to

OR

The **New York State Employees Retirement System (ERS)** and I authorize the ERS pursuant to Section 110-b of the Retirement and Social Security Law to (I understand that the Retirees Association of District Council 37 is my agent and all requests to begin, modify or revoke deductions must be submitted through the union.):

deduct my membership dues and future adjustments to my membership dues from my monthly retirement allowance and remit to

**The Retirees Association of District Council 37
125 Barclay Street
New York, NY 10007**

a retiree organization of which I am a member.

Signature _____

Address _____

Day time phone no. _____