

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.
- **If paying by check, 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.

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)	
MAILING ADDRESS	Number and Street	City	State	Zip Code
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 organization 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.

Last Name	First Name	M.I.
MAILING ADDRESS	Number and Street	City State Zip Code
Telephone Number	SOCIAL SECURITY NUMBER	NYSLRS ID #

Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d; 410-a; 410-b or 410-c, I hereby authorize CSEA to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) in the amount necessary to cover deductions for membership dues on my behalf to CSEA, Local 1000, AFSCME, AFL-CIO, also any contributions and/or insurance premiums payable on behalf of CSEA. Authorization is also given to make any future adjustment deductions and/or changes CSEA certifies to NYSLRS as necessary in the amount of such dues, contributions and/or insurance premiums. 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 CSEA, 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:** _____

