



## NYSUT Member Benefits Pension Deduction Authorization

Monthly deductions for NYSUT retired members may be taken from the TRSNYC, NYSTRS, NYSLRS, BERS, NYSUT Staff Pension Program, or from a lifetime monthly annuity through TIAA. *Newly retired members must wait six months to be eligible for pension deductions.* If you have any questions about this form, please contact Member Benefits at 800-626-8101.

For new enrollments to our programs:

Complete the pension deduction authorization form below and submit it to the Plan Administrator along with your application. Once the Plan Administrator receives and processes the application, the deduction information will be sent to Member Benefits and then forwarded to your pension system to start your deductions.

For existing programs that you currently participate in and would like to switch to pension deduction:

When you receive your next invoice/billing statement, complete the pension deduction authorization form below and return it along with the remittance stub from the invoice (to the address on the invoice). *Do not send another form of payment as this form serves as your payment.* The Plan Administrator will change the billing preference on their end and send Member Benefits the deduction information, which will be forwarded to your pension system to start the deductions. (2K, 1/23, I-106)

### NYSUT MEMBER BENEFITS PENSION DEDUCTION AUTHORIZATION FORM

NYSUT Member Benefits Trust

NYSUT Member Benefits Corporation

NYSUT Member Benefits CMM Insurance Trust

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Int. \_\_\_\_\_

Full Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ NYSUT ID# (seven-digit) \_\_\_\_\_  
(Not same as pension #)

Authorization is for \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_  
(Name of plan/insurance – e.g., Term Life Ins., Auto Ins., etc.) (Pensioner’s/Member’s SS # - **required**)

**Please check the appropriate pension system:**

I belong to the Teachers’ Retirement System of the **City of New York** (TRSNYC) and hereby request a monthly withholding of deductions from my monthly benefit for the purchase of union-sponsored benefits as permitted by Chapter 248, Laws of 1994.

I belong to the New York **State** Teachers’ Retirement System (NYSTRS).

I belong to the New York State and Local Retirement System (NYSLRS) and I hereby request monthly withholding of union-sponsored benefits from my monthly benefit as pursuant to Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d; 410-a; 410-b; or 410-c. **NYSLRS ID # \_\_\_\_\_ (required).**

I belong to the New York City Board of Education Retirement System (BERS).

I belong to the NYSUT Staff Pension Program (former staff/employee of New York State United Teachers).

I am a TIAA participant and hereby request a monthly withholding of deductions from my TIAA **monthly lifetime annuity income for** the purchase of coverages offered through NYSUT Member Benefits’ Pension Advantage program. If at any time the total deductions equal or exceed my monthly income payments from TIAA, all deductions I have authorized TIAA to take on my behalf will terminate.

I expressly acknowledge and understand that: 1. Deductions will continue until the appropriate Plan Administrator receives written notice from me to the contrary; 2. NYSUT Member Benefits will determine the exact deductions to be withheld monthly and any questions regarding the amount will be directed by me to Member Benefits; 3. Depending on the NYSUT Member Benefits program(s) that I am enrolled in and deductions are taken for, monies will be forwarded to the appropriate Plan Administrator as referenced above; 4. For insurance plans, I understand this authorization may be revoked at any time by written notice to the appropriate Plan Administrator; 5. For plans with annual fees, I understand that I must provide written notice to the appropriate Plan Administrator to cancel automatic renewal and that I must satisfy the annual fee. I hereby certify to the TRSNYC, NYSTRS, NYSLRS, BERS, or TIAA that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as provided by law.

**Signature (required)** \_\_\_\_\_ **Date (required)** \_\_\_\_\_