

RETIRING SOON?

Continue to get <u>GREAT</u> PEF Membership Benefits!

Once you retire from your PEF represented position*, you can request an enrollment application from the PEF Retirees so that you can continue to take advantage of benefit offerings through PEF Membership Benefits Program.

Once enrolled you will still have access to:

JOIN PEF RETIREES AFTER YOU RETIRE... YOUR FIRST YEAR IS FREE!



PROTECTION BEYOND COMPARE:

- Auto/Home/Renters Insurance
- Continuation of Group Term Life
- Davis Vision Premier Plan
- Retiree Dental Plan
- Family Hearing Benefits

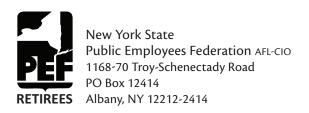
LEGAL, FINANCIAL, & EDUCATIONAL SERVICES:

- Defensive Driving Courses
- Educational Seminars
- Financial Planning & Credit Counseling
- Free Education Benefit
- Voluntary Legal Services Plan

DISCOUNTS ON:

- Movie Tickets
- Theme Parks & Water Parks
- Performing Arts Events
- Sporting Events
- Ski Lift Tickets
- Attractions
- Gift Cards

*PEF Membership Benefits Program benefits are only available to PEF Retirees who are actually retired and who were formerly active, dues-paying members of PEF. PEF Retiree members with no prior dues-paying member participation in PEF, are entitled to participate in the following benefits only: PEF Retiree Dental Program, PEF Retiree Vision Program, MBP Auto/Home/Renters Insurance, MBP Voluntary Legal Service Plan, MBP regional vendor discounts.



PEF Retirees Enrollment & Pension Deduction Form

In order to participate in any of the benefits offered through the PEF Retirees, you must be a dues-paying PEF Retiree member. Your first Year of Membership is Free.

Please complete the **PEF Retirees Enrollment Form** to join PEF Retirees and check off the **Pension Deduction Authorization** to allow for automatic payment of your yearly dues at the low monthly amount of \$3 month. The Pension Deduction also serves as an automatic yearly renewal of your membership. If you pay by check, you will receive a renewal notification via an invoice from the PEF Retirees. Please return your form to the address above.

PEF RETIREE MEMBER ENROLLMENT					
Last Name:		First Name:		Middle Initial:	
Street Address:		City:	State:	Zip:	County:
()					
Telephone No.:	Retirement Date:	Email: By providing your email address, you give PEF, PEF Retirees, and PEF Membership Benefits Program, permission to communicate with you regarding new benefit offers, special savings, promotions, and more.			
	TATE PUBLIC EMPLOYEES FEE oviding your signature below, initiat				
necessary to cover membersh certifies to the Retirees System	e Retirement and Social Security Law, I nip dues and/or insurance premiums po n as necessary in the amount of such di revoke deductions must be submitted ti	ayable on my behalf to the NYS ues or insurance premiums. I ur	S Public Employees Feder Enderstand that the NYS I	ation Retirees. Authoriza Public Employees Federa	ition is provided for changes the union tion Retirees are my agent and all
Retiree's Signature			Date		
DEF	RETIREE PARTICIPATION	ON IN PEE MEMR	FRSHIP RENEI	EIT PROGRAM	A RENEEITS
In order to participa	te in valuable PEF Members nust have been an active, du	ship Benefits Program	benefits, you mu	ıst be an active, d	lues-paying <u>PEF retiree</u>
1. Were you previously	an active, dues-paying member	r of PEF? 🗖 Yes 🗖 No (If no, skip questions	2-4 and simply mail	your form to PEF Retirees.)
2. If yes, with what age	ncy were you employed as a PEF	member?			
3. Please provide your	dates of service with this agency	while employed as a PEF	member:		to
4. Please provide your	last title during your employme	nt as a PEF member with	this agency:		
5. Please provide your	PEF Membership Identification	Number (MIN) if you hav	e it:		
	h no prior dues-paying member pa				nly: PEF Retiree Dental Program, PE

8/26/2019