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# NYS Pension Check

## Monthly Automatic Deduction Plan

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1. Complete the Pension Deduction Authorization form below. This will allow the Plan Administrator to deduct your monthly premium due from your pension check.
2. Completely fill out the Insurance Enrollment Form provided.
3. Return the following in the enclosed postage paid envelope:
  - Check made payable to Pearl Carroll & Associates LLC for 2 months premium.
  - Completed and signed Pension Deduction Authorization form found below.
  - Completed and signed Insurance Enrollment Form

If you have any questions please call toll free  
**1-888-507-1368**

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### Pension Deduction Authorization

Civil Service Employee Association, Inc. / Local 1000, AFSCME, AFL-CIO  
143 Washington Ave., Box 7125, Capitol Station, Albany, New York 12224

Last Name *PLEASE PRINT* First Name M.I.

Mailing Address

City State ZIP Code

Telephone Number

Social Security Number Retirement Number (Required number printed on pension check)

Pursuant to Section 110-c and 410c of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Employees Retirement Systems in the amount necessary to cover membership dues and insurances on my behalf to CSEA, Local 1000, AFSCME, AFL-CIO. Authorization is also given to make any changes the Union certifies to the Retirement System as necessary in the amount of such dues and insurances. I, the undersigned, do hereby authorize you to deduct from my monthly allowance the amount of \$2.00 for payment of dues, or any amount as may be certified to you by the Union as my dues and or insurances. 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 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.

**X**

*Signature of Pensioner:*

*Date:*