



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Boulevard - Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



Dear Retiree:

We now offer **two options** for renewing your Retiree Chapter membership, as follows:

1. Per current procedure, after receiving your standard 90-day renewal letter with beneficiary form, simply fill out the beneficiary form and return it with a check or money order for \$25.00 made out to NYSCOPBA. (**NOTE:** only one (1) renewal notice will be mailed to you each year when your renewal is due.

OR,

2. We now offer dues deduction from your retirement check. Enclosed is a Dues Deduction Authorization Card. Simply fill out your member information, sign and date the card, then return it to NYSCOPBA. Your authorization form **MUST** have your retirement number on it. **Your retirement number has a prefix of 0S, 0O, 0A or 0B followed by seven digits.** If you do not know what your retirement number is simply contact the Retirement System at (518) 474-7736 or (866) 805-0990 and request your retirement number. (We have also enclosed a beneficiary form which must be filled out and returned with the card.) Once enrolled, \$2.08 will be deducted from your retirement check.

Please note: If you sign up for dues deduction, you do NOT need to send \$25 payment.

Thank you,

Gary Dommermuth
Retirement Specialist

NYSCOPBA RETIREE CHAPTER DEDUCTION AUTHORIZATION

For Dues of the New York State Correctional Officers and Police Benevolent Association, Inc. – Retiree Chapter (NYSCOPBA), 102 Hackett Blvd., Albany, NY 12209

Member Information:

Name (Last Name, First, Middle Initial)		Social Security Number	
Street Address	City	State	Zip Code
Payroll Title at Retirement			
Date of Retirement	Retirement Number		

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

Pursuant to §110-b and §410-b of the Retirement and Social Security Law, I hereby authorize you to deduct \$2.08 from my monthly retirement allowance from the New York State and Local Retirement Systems to cover membership dues payable on behalf of the New York State Correction Officers and Police Benevolent Association, Inc. (NYSCOPBA) Retiree Chapter. This authorization is given to make any changes the union certifies to the Retirement System as necessary in the amount of such dues. I understand that the NYSCOPBA Retiree Chapter 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.

Signature of Retiree

____/____/____
Date Card Signed

NYSCOPBA
RETIREE CHAPTER RENEWAL APPLICATION

NAME: (Last Name, First Name, Middle Initial)

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

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PHONE NUMBER:

SSN. (last 4 digits)

LAST FACILITY or WORKSITE:

DEPARTMENT or AGENCY:

E-MAIL ADDRESS

RETIREMENT DATE

TITLE:

SENIORITY DATE:

PRIMARY BENEFICIARY

CONTINGENT BENEFICIARY #1 (Optional)

CONTINGENT BENEFICIARY #2 (Optional)

CONTINGENT BENEFICIARY #3 (Optional)

I understand that this authorization may be revoked at any time by written notice to NYSCOPBA.

Signature of Retiree

Date

Send Application and \$25 Annual Dues to:

NYSCOPBA
ATTN: Retirement Department
102 Hackett Blvd.
Albany, New York 12209