



New York State Correctional Officers
& Police Benevolent Association, Inc.
102 Hackett Blvd., Albany, NY 12209
(518) 427-1551 nyscopba@nyscopba.org

Office Use Only

Retiree Chapter Membership Form

Send us this form upon your Retirement.

Update us with your Retirement Number at a later date.

Instructions on the back of this form

1)

Your Full Name (Last, First, MI) ***REQUIRED Last 4 SSN ***REQUIRED DOB *** REQUIRED

2)

PERSONAL INFORMATION

Your Mailing Address

City

State

ZIP

() -
Home Phone

() -
Cell Phone ☐ Check for text updates

Facility you retired from

Email address

3)

SERVICE AWARD \$10/YEAR AND OPTIONAL SERVICE PLAQUE- FILL OUT ONLY IF YOU ARE NEWLY RETIRED

Seniority Date (SSU Time Only) Retirement Date # of Purchased Military Yrs. ☐ Send me a service plaque (Your service award of \$10/year will be sent automatically)

4)

\$20,000 LIFE INSURANCE BENEFICIARY DESIGNATION (FREE WITH CHAPTER MEMBERSHIP)

Beneficiary	Relationship	Social Security #	% of Benefit	Total % of all
Primary Beneficiary 1				Primary beneficiaries must equal 100%
Primary Beneficiary 2				
Contingent Beneficiary 1				Contingent beneficiaries must equal 100%
Contingent Beneficiary 2				

5)

RETIREMENT NUMBER (Update NYSCOPBA once you receive this number)

Prefix of 0S, 0O, 0A or 0B, followed by 7 digits OR prefix of R followed by 8 digits. You won't have a retirement number until the direct deposit of your pension begins (could be months after you retire). Update us when you get your retirement number so dues deduction can begin after your first free year.

6)

RETIREE CHAPTER DEDUCTION AUTHORIZATION 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 \$4.17 from my monthly retirement allowance as well as any deductions for insurance premiums from the New York State and Local Retirement Systems to cover membership dues payable on behalf of the New York State Correctional 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 and insurance premiums. 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. This authorizes you to make any adjustment deductions necessary for the purpose of payment of the annual dues and/or insurance premiums for all forms of insurance offered by NYSCOPBA. This is also your authorization to make deductions in succeeding years in the amount certified by NYSCOPBA as required for the payment of my membership dues and/or insurance premiums in said association.

7)

Signature to authorize beneficiaries and dues deduction (begins after first free year) Date

You MUST sign up for dues deduction or your Membership will end after the first free year

Send this complete page to: NYSCOPBA, Inc. Retirement Department, 102 Hackett Blvd., Albany, New York 12209

Retiree Chapter Membership Form Instructions

This form can be used to sign up for the Chapter, renew membership, update your contact information, designate or change beneficiaries for the free life insurance policy and sign up for pension dues deduction. This form replaces all other forms for these purposes.

- 1) Your Name, last four digits of your Social Security Number and date of birth-** These fields are required to validate your Membership with NYSCOPBA.
- 2) Your personal contact information-** It is important that NYSCOPBA's Retirement Department be able to contact you. Please keep your contact information up to date.
- 3) Service Award and optional Service Plaque-** NYSCOPBA provides a Service Award of \$10 per year of service in the Security Services Unit. Fill in this section only if you are newly retired. Your Seniority date is the date you first started working in a Security Services Unit job title. If you purchased military time, fill in the number of years. If you want a personalized Service Plaque (at no cost to you), check the box.
- 4) Beneficiary Designation-** NYSCOPBA Retiree Chapter members are entitled to a free \$20,000 life insurance policy. In this section, you can designate beneficiaries for the policy. Use this section to designate or change beneficiaries at any time. Remember, Primary beneficiaries are paid first and if any Primary beneficiary is living, Contingent beneficiaries will not receive a benefit. Percentage of benefit for designated Primary beneficiary (or beneficiaries) must equal 100% and percentage of benefit for designated Contingent beneficiary (or beneficiaries) must equal 100%.
- 5) Retirement Number-** Send us your form when you first retire. You will not have a retirement number at this time. You will receive your retirement number once you have been set up for direct deposit or your pension has been finalized. The Retirement System will mail you a letter establishing your new retirement number. Call and update us when you receive this new retirement number. Your retirement number has a prefix of 0S, 0O, 0A or 0B followed by seven digits OR prefix of R followed by 8 digits. If you cannot locate your retirement number, you will need to contact the Retirement System at (518) 474-7736 or (866) 805-0990.
- 6) Dues Deduction Authorization-** Your first year in the Retiree Chapter is free. Pension dues deduction will begin at the end of your first free year. Once we process your dues deduction, it will be deducted from your monthly retirement check. Please note that dues deduction is required for Chapter membership after the first year.
- 7) Signature and date-** You must sign and date this form. Any forms received without a signature and date will be returned to you.

If you need additional assistance, please feel free to contact us! <http://www.nyscopba.org/retirement> - retirement@nyscopba.org - 518.427.1551 - Bill Naylor x257 – Paula Carlino x245 - 518.426.1635 fax