

**DIVISION 1181 A.T.U. – NEW YORK EMPLOYEES PENSION FUND
101-49 WOODHAVEN BOULEVARD, OZONE PARK, NEW YORK 11416
(718) 845-5800 Fax: (718) 641-0122**

**RETIREE MONTHLY PAYMENT FOR UNION MEMBERSHIP
ELECTION FORM**

Name of Retiree (Last Name, First Name, Middle Initial)

Address – No. and Street City State Zip Code

Social Security # _____ Date of Birth _____

- () I hereby elect to continue my Union membership coverage. The current cost is \$5.00 per month, and this rate is subject to periodic adjustment. I understand that I must pay for this coverage at the rate indicated above and as adjusted by the Executive Board from time to time.

I hereby authorize the Division 1181 A.T.U. – New York Employees Pension Fund to deduct the amount of monthly Union dues payment from my Pension check, as adjusted by the Executive Board from time to time, and remit it to the Union. I understand that I may revoke this authorization at any time.

Retiree Signature

Print Name

Date