

# Transport Workers Union Retirees' Association

## Voluntary Dental/Vision Insurance Pension Deduction Authorization and Waiver



NYCERS

Pensioner Name \_\_\_\_\_

Pension Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell/Home Phone Number \_\_\_\_\_

I hereby authorize **NYCERS** to deduct from my pension check on a regular monthly basis an amount sufficient to pay the premiums for my insurance policy and or any renewal of such policy, and to remit such amounts each month to the TWU Retirees' Association.

I hereby authorize **NYCERS** to change the amount of the deduction in the event an adverse underwriting decision is made or to reflect any changes in coverage I may request.

**DENTAL: (check only one)**

<input type="checkbox"/> \$18 (DMO -MEMBER)	<input type="checkbox"/> \$40 (PPO -MEMBER)	<input type="checkbox"/> \$45 (PPO -MEMBER)
<input type="checkbox"/> \$42 (DMO MEMBER + 1)	<input type="checkbox"/> \$75 (PPO -MEMBER +1)	<input type="checkbox"/> \$80 (PPO -MEMBER +1)
<input type="checkbox"/> \$50 (DMO - MEMBER 2+)	<input type="checkbox"/> \$100 (PPO - MEMBER 2+)	<input type="checkbox"/> \$110 (PPO - MEMBER 2+)

**PPO - High Option**

**VISION (optional):**       \$16 (MEMBER)       \$30 (MEMBER +1)       \$45 (MEMBER + 2 or more)

**OTHER: (optional)**      \$ \_\_\_\_\_ (life insurance, legal, other)

**TOTAL DEDUCTION:**      \$ \_\_\_\_\_

\_\_\_\_\_  
Pensioner Name - Please Print

\_\_\_\_\_  
Pensioner Signature

\_\_\_\_\_  
Date

For TWU Office Use Only

Member Number \_\_\_\_\_ Current Paid Member \_\_\_\_\_

Single/Family \_\_\_\_\_ Forward to NYCERS \_\_\_\_\_



TWU Retirees Association  
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