

Transport Workers Union Retirees' Association

Voluntary Dental/Vision Insurance Pension Deduction Authorization and Waiver



Pensioner Name _____

Pension Number _____

Social Security Number _____

Address _____

Street

City _____ State _____ Zip Code _____

City

State

Zip Code

NYCERS

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)

\$18 (DMO -MEMBER)

\$40 (PPO -MEMBER)

\$42 (DMO MEMBER + 1)

\$75 (PPO -MEMBER +1)

\$50 (DMO - MEMBER + 2 or more)

\$100 (PPO - MEMBER + 2 or more)

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 TA _____



TWU Retirees Association

195 Montague Street, 3rd Fl, Brooklyn, NY 11201

212-873-6000 Ext. 2077, 2161 347-916-0574 (Fax)