

VOLUNTARY DEDUCTION AUTHORIZATION

For dues, contributions and/or insurance deductions of the Association of Rochester Police & Law Enforcement Retirees (ARPALER), 1425 Lexington Avenue, Rochester, NY 14606.

Pensioner Information:

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

Pursuant to the following Sections of NYS Retirement and Social Security Law: 110-a; 110-b; 110-c; 110-d; 410-a; 410-b or 410-c

I hereby authorize ARPALER to deduct an amount from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) to cover any deductions for membership dues, contributions and/or insurance premiums payable on behalf of ARPALER.

Authorization is given to make any further adjustment deductions and/or changes ARPALER certifies to NYSLRS as necessary in the amount of such dues, contributions and/or insurance premiums.

I understand that ARPALER is my agent and all requests to begin, modify, or revoke deductions must be submitted through ARPALER. This authorization shall remain in effect until revoked by me by written notice through ARPALER or until otherwise revoked pursuant to law.

Signature of Retiree

Date Card Signed

