

## VOLUNTARY DEDUCTION REVOCATION

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 revoke the authorization to make any deductions from my monthly retirement allowance from the New York State and Local Retirement Systems (NYSLRS) payable to ARPALER for the purpose of \_\_\_\_\_.  
(dues/contributions/insurance)

I understand that ARPALER is my agent and this request and any questions regarding this revocation must be submitted to ARPALER. Pension deductions will cease upon notification from ARPALER to NYSLRS and will not resume unless authorized by me through ARPALER.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date Card Signed