



NYSUT Member Benefits Payroll Deduction Authorization

If you are eligible to participate in payroll deduction and your employer has an agreement with your local association and NYSUT Member Benefits, you may take advantage of spreading out your annual premiums for those Member Benefits-endorsed programs that offer payroll deduction as a payment option.

For new enrollments to our programs:

- Complete the payroll deduction authorization form below (with the member's information, even if the deduction is for a spouse's/domestic partner's policy) and submit it to the Plan Administrator along with your application. Once the Plan Administrator receives the application and processes it, the deduction information will be sent to Member Benefits and then forwarded to your employer to start your deductions.

For existing programs that you currently participate in and would like to switch to payroll deduction:

- When you receive your next invoice/billing statement, complete the payroll deduction authorization form below and return it to the Plan Administrator (to the address on the invoice) along with the remittance stub from the invoice – in place of payment/check. *Do not send another form of payment as this form serves as your payment.*
- The Plan Administrator will change the billing preference on their end and send Member Benefits the deduction information, which will be forwarded to your employer to start the deductions.

Please Note: Your NYSUT ID number is not the same as your pension number, employee ID number, or UFT ID number.

Please print clearly and sign and date at the bottom. If you have any questions about this form, please contact Member Benefits at 800-626-8101.

(2K, 1/23, I-05)

NYSUT MEMBER BENEFITS PAYROLL DEDUCTION AUTHORIZATION FORM

NYSUT Member Benefits Trust

NYSUT Member Benefits Corporation

NYSUT Member Benefits CMM Insurance Trust

Last Name _____ First _____ Middle Int. _____

Full Address _____

Phone () _____ NYSUT ID# (seven-digit) _____

Authorization is for _____ Soc. Sec. # _____
(Name of plan/insurance – e.g., Term Life Ins., Auto Ins., etc.) (Employee's/Member's SS# - required)

Please check your local union membership affiliation: UFT _____ UUP _____ PSC/CUNY _____ All other NYSUT Locals _____

I hereby authorize my employer to deduct from each of my salary checks the deductions necessary for the purpose of NYSUT Member Benefits. Depending on the NYSUT Member Benefits program(s) which I am enrolled in and that deductions are taken for, monies will be forwarded to the appropriate Plan Administrator. For insurance plans, I understand that this authorization may be revoked at any time by written notice to the Plan Administrator. For plans with annual fees, I understand that I must provide written notice to the Plan Administrator to cancel automatic renewal and that I must satisfy the annual fee.

Signature of Employee (required) _____ Date (required) _____

Mail this completed form to the appropriate Plan Administrator along with your application or invoice as indicated.