

# RETIREMENT MEMBERSHIP APPLICATION AND DUES DEDUCTION AUTHORIZATION FORM

I hereby apply for PEGC retired membership and authorize PERS (Public Employees' Retirement System) to deduct PEGC dues (current amount - \$4.00 per month) from my PERS retirement check, and to continue deducting my insurance premiums, if applicable.

**PLEASE PRINT:**

_____	_____	_____
First Name	Middle Name	Last Name
_____		
Address		
_____	_____	_____
City	State	Zip Code
_____		_____
Social Security Number		Date of Birth

As a PEGC member, you automatically receive \$1,500 of Basic Life insurance coverage and \$1,500 of Accidental Death and Dismemberment coverage, both of which terminate at age 70, and at which time your dues would drop to \$2 per month. If you have elected to purchase supplemental life insurance (which you would currently pay for through payroll deduction) and you would like to retain this coverage, please indicate by checking the box below:

**RETAIN SUPPLEMENTAL LIFE INSURANCE?**

Yes

No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_