

NYSUT MEMBER BENEFITS PAYROLL DEDUCTION AUTHORIZATION



(Please Print):

Member's Last Name First Name Middle Initial Member's Social Security No.

Street Address City State Zip Home Telephone No.

Please check your union membership affiliation:

UFT UUP PSC/CUNY* All other NYSUT Locals

****This authorization card cannot be used to authorize deductions for PSC-CUNY Welfare Fund Benefits.
The amount of deduction will be determined by NYSUT Member Benefits based on the programs chosen.***

To the Employer: I hereby authorize you to deduct from each of my salary checks the deduction necessary for the purpose of NYSUT Member Benefits. Depending on the program deductions are taken for, monies will be forwarded to either NYSUT Member Benefits Trust or NYSUT Member Benefits Corporation, which are entities under the NYSUT Member Benefits umbrella. I understand that this authorization may be revoked at any time by written notice to you.

Signature of Employee _____ **Date** _____

NYSUT MEMBER BENEFITS - 800 Troy-Schenectady Road, Latham, NY 12110-2455

