



RETIRE STATE EMPLOYEES ASSOCIATION ADDRESS CHANGE FORM AND APPLICATION FOR MEMBERSHIP

email address
retire@RSEA4U.org
website
www.RSEA4U.org

NAME _____
First Middle initial Last

MAILING ADDRESS _____
Street Address or PO Box # Apt # if applicable

_____ City State Zip Code

PHONE # () _____ E-MAIL ADDRESS _____

Mark ALL Boxes that apply:

- Permanent Address Change Temporary Address Change for _____ months
- Current Member Renewal (Annual Payees Only)
- New Member I am a: Retiree Surviving Spouse *Current Employee of _____ (Agency)
- My Check for \$ _____ is enclosed for January through December / _____ (Annual dues are \$9.00 per year.)
year(s)
- I hereby authorize the State Employees Retirement System of Illinois (SERS) to deduct from my pension check the amount as certified by the RSEA of Illinois for my dues, and to remit said amount to the RSEA of Illinois. I also authorize SERS to provide change of address information to RSEA, if requested. (Currently, the deduction is 75 cents per month.)

Signature: _____ SS# _____ Date _____

Mail to: RETIRED STATE EMPLOYEES ASSOCIATION P.O. BOX 1974 SPRINGFIELD, IL 62705-1974
