



RETIRED STATE EMPLOYEES ASSOCIATION ADDRESS CHANGE FORM AND APPLICATION FOR MEMBERSHIP

NAME _____
First Middle Initial Last

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

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

City State Zip Code

PHONE () E-MAIL _____

Mark ALL Boxes that apply:

- Permanent Address Change Temporary Address Change for the months of _____
- Current Member Renewal (Annual Payees Only)
- New Member I am a: Retiree Surviving Spouse Current Employee*
- My Check for \$ _____ is enclosed for January through December _____ (year). (Annual dues are \$18.00 per year.)

* Current employees must obtain and submit a payroll deduction card to your payroll department.

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 \$1.50 per month.)

Signature: _____ SS#: _____ Date: _____

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

WELCOME

We welcome all the new members and look forward to seeing you take an active part in RSEA.