

ISEA RETIREES DUES DEDUCTION AUTHORIZATION - Code 1

I hereby authorize the Teachers' Retirement System (TRS) to deduct from my pension check the amount as certified by the Illinois State Employees Association Retirees for my dues and to remit said amount to the ISEA Retirees. I further authorize the Teachers' Retirement System to provide change of address information to ISEA Retirees as required.

Signature _____ Date _____

Name (Print) _____
Last First Middle Initial

Address _____
Street City State Zip Code

Social Security Number xxx-xx-____ _

Date of Birth _____ Email _____

If your monthly benefit is \$400 or less —ISEA Retirees dues are \$1.50 per month.

If your monthly benefit is \$401 to \$700 —ISEA Retirees dues are \$2.00 per month.

If your monthly benefit is \$701 to \$1100 —ISEA Retirees dues are \$3.00 per month.

If your monthly benefit is \$1101 or over —ISEA Retirees dues are \$3.50 per month.

Please check above benefit amount box which applies to you.

For office use only	
Effective Date	Amount/Mo

Please complete entire card and return to:
ISEA Retirees
2060 W. Iles Avenue
Suite D
Springfield, IL 62704-4195