

ISEA RETIREES DUES DEDUCTION AUTHORIZATION - Code 1

I hereby authorize the State Universities Retirement System of Illinois (SURS) 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 State Universities 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