

# Join the CSEA Retiree Unit!



**I'm Still In!**  
Retiree Unit



## Welcome to Retirement!

**You've made the decision to leave the "9 to 5" grind and join the carefree world of retirement.**

But that doesn't mean you can't enjoy the benefits of continued membership. Join CSEA's Retiree Unit today to receive a variety of benefits supporting you and your loved ones.

### RETIREE UNIT BENEFITS:

**We invite you to continue membership with CSEA by joining the Retiree Unit. You will continue to receive the advantages of active membership for just \$3 a month, such as:**

- Free Programs and Services: \$5,000 Accidental Death and Dismemberment policy, college programs for you and your family members, legal referral program and Medicare health plan counseling.
- Access to humanitarian and emergency assistance.
- Access to group dental and vision insurance plans.
- Guidance for Social Security and CalPERS issues.
- Discounts on your everyday benefits and services such as: See's Candies, Teleflora, Harry and David and more.
- Invitations to events with retirees in your area and larger social Retiree Unit events.
- Opportunities to get involved and volunteer with important issues facing members, active and retired alike.

Have any questions before you join? Refer to [csea.com/retiree](http://csea.com/retiree) or call CSEA at (866) 487-2732 to find your District Director who can assist you.

## Our story...

The California School Employees Association was founded in 1927 to provide secure retirement and protect classified school employee rights and benefits. After nearly 100 years, CSEA continues to devote staff time and resources to only ONE retiree group.

**California School Employees Association**



**Retiree Unit**



California School Employees Association  
**APPLICATION FOR RETIREE UNIT/COUNCIL MEMBERSHIP**

Full Social Security Number

E-mail Address

Last Name

First Name

Middle Initial

Street Address or P.O. Box

City

State

Zip Code

( )

Area Code

Telephone Number

County of Residence

School District or Public Agency Retired From

Date Retired

Were you a member of CSEA when you retired? ☐ Yes ☐ No

If yes, name and number of CSEA chapter you belonged to: \_\_\_\_\_

Check One: ☐ I hereby authorize \$3.00/month to be deducted from the CalPERS warrant I receive (until revoked by me in writing).

☐ First year's dues of \$36 attached. (Please attach check or money order payable to CSEA and mail to: California School Employees Association; 2045 Lundy Ave., San Jose, CA 95131)

☐ Please charge the following credit card for the annual dues amount of \$36.00

Name on Card

Account #

Expiration Date

Credit Card Security Code (CCSC)

## SUPPORT CSEA'S POLITICAL EDUCATION FUND

### Monthly Payroll Deduction (For CalPERS Retirees)

I hereby authorize CalPERS to deduct each month the sum of: ☐ \$3.00 ☐ \$5.00 ☐ \$10.00 ☐ Other \$ \_\_\_\_\_

### Alternate Contribution (Only for Retirees who are not CalPERS Members)

Enclosed is a check in the sum of: ☐ \$3.00 ☐ \$5.00 ☐ \$10.00 ☐ Other \$ \_\_\_\_\_

Place check, made payable to CSEA Victory Club, and application in an envelope and mail to CSEA.

I understand that my contributions will be used to advance the political interests of classified employees, public education, working families and the labor movement by supporting federal, state and local candidates, and that any contributions over \$200 per calendar year will be used to support or oppose ballot measures and pass school bonds and parcel taxes. I understand that this authorization is voluntary and that I may refuse to contribute without reprisal. *(The amounts shown are only suggestions. You are free to indicate any amount you choose and there will be no favor or disadvantage by reason of the amount of your contribution or your decision not to contribute. This authorization may be revoked in writing at any time.)*

Contributions to the CSEA Political Education Fund are not deductible for federal income tax purposes.

The effective date will be the date of the next warrant following receipt of this application by CalPERS.



Initial Here



PACE of CSEA Victory Club  
Federal and State PAC

## DOROTHY BJORK ASSISTANCE FUND CALPERS DEDUCTION.

I hereby authorize and direct CalPERS to deduct from my paycheck OR increase my Assistance Fund contribution monthly and transmit that amount to the CSEA Assistance Fund. I understand that my DOROTHY BJORK ASSISTANCE FUND contribution is in addition to my retiree unit dues deduction. The effective date will be the date of the next payroll following receipt of this application by CSEA. This authorization shall remain in full force and effective until revoked in writing by me.

☐ Start a new payroll deduction \$ \_\_\_\_\_ per month.

☐ Increase my current payroll deduction to \$ \_\_\_\_\_ per month.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Though this form is online fillable, a wet signature is required. Complete the fields, print, sign, date and mail the completed application to:

**California School Employees Association 2045 Lundy Avenue, San Jose, CA 95131**

or email your signed application to [member\\_app@csea.com](mailto:member_app@csea.com). If you have questions, please call CSEA at (866) 487-2732