

## RETIRED MEMBERSHIP APPLICATION

3303 Wilshire Blvd., 10th Floor Los Angeles, CA 90010 membership@utla.net (213) 487-5560

UNITED TEACHERS LOS ANGELES			
Mr/Mrs/Ms			
	Last	First	Initial
Address			
If contributing to PACE, a PO BOX is not valid for reporting purposes			
	City	State	Zip Code
Discours		F	
Phone		Email	_
Last 4#'s of Social Security	Employee # (if known)	Retirement Date	If an active Sub, please list your employer
	nip \$2.38 per month (Au e Teachers Retirement Systems (CalSTRS) to m		on) ed by UTLA from my monthly benefit and remit such authorized
In consideration for the services prov CalSTRS and its board members, office			resentatives and estate) waive, release and forever discharge uses of action, lawsuits, liability and/or damages which arise out of
I take full and complete responsibility necessary by UTLA-R, I authorize the	y for notifying UTLA of any change in my stati	ership continued. It is understood that my du	duction service. Should there be a dues adjustment deemed ues deduction will commence two months after this application is
As a CalSTRS benefit recipient, I am a authorizes automatic deductions to be	ble to request certain deductions for dues an be set up with CalSTRS for the payment of UT	d insurance premiums to be automatically do	educted from my monthly benefit. The completion of this form ums from my monthly warrant. To arrange for these deductions, I CalSTRS to initiate the deductions from your monthly retirement
Signature			Date
Please continue to make premium payments to UTLA-R, if applicable, until the deductions appear on your warrant check stub or direct deposit notice. In the event of a double payment, or if you have any questions regarding the deductions contact UTLA-R directly. UTLA-R will remain your point of contact regarding your premiums and any questions on a status or premium amount change. Requests to cancel premium deductions must be coordinated through UTLA-R.			
CalPERS Pensions are not eligible for automatic deductions. Please contact the Retired Committee Membership Chair if you'd like to be a UTLA-R Member			
Join PACE today! PACE is critical for protecting our pensions & benefits			
UTLA PACE is the union's political voice Retirees need to be part of that voice		\$5.00/month	\$20.00/month
Political action, powered b healthcare and our pension	ns by supporting strong	☐ \$10.00/montl	h 🗌 Other
candidates for the school board and state legislature  UTLA must report the name, address (not a PO BOX), occupation, and name of employer of each contributor			
Signature			Date
separate segregated fund of UTL	LA-R. To discontinue deduction, I agree to notify citizen or permanent resident; (c) I recognize the	y UTLA-PACE in writing at the above address. I h	n. All of which will go to UTLA-PACE, a non-federal ereby acknowledge the following: (a) I am a retiree and ntributions to the PAC; (d) I am voluntarily authorizing the Contributions to ULTA-PACE are not tax deductible

UTLA MEMBERSHIP DEPARTMENT USE ONLY:

CALSTRS AUTHORIZATION VERIFIED: UTLA 000810 LOS ANGELES COUNTY UTLA-R 12.22.20