PENSION DEDUCTION:
The Most CONVENIENT Bill Paying Method

NEW YORK STATE PUBLIC EMPLOYEES FEDERATION AFL-CIO
Membership Benefits Program
1168-70 Troy-Schenectady Road
PO Box 12414
Albany, NY 12212-2414

PLEASE AFFIX 1ST CLASS POSTAGE HERE

PEF Membership Benefits Program
ATTN: Retiree Dental Coordinator
1168-70 Troy-Schenectady Road
PO Box 12414
Albany, NY 12212-2414

INSTRUCTIONS FOR PENSION CHECK DEDUCTION AUTHORIZATION FORM

Social Security Number and Retirement Number are required by the ERS in order to process this authorization. The Retiree Office does not share the Social Security Number with any other organizations and does not print the Social Security Number on any records or documents. It only appears on computer screens when a record is displayed.

Retirement Number is provided in your final award letter from the ERS and is also on your pension check stub if you receive your pension by check. It is also shown on any pension change notices that you receive. If you can locate your Retirement Number, please write it in; if you cannot locate it, call the ERS at 1-518-474-4602 and ask them to provide you with your Retirement Number.

Revocation forms are available by calling the Retiree Office at 1-800-342-4306 ext. 289/288.

Completed and signed forms should be mailed to: PEF Retirees, 1168-70 Troy Schenectady Road, PO Box 12414, Latham, NY 12414-2414.

IMPORTANT

1. If you previously authorized electronic fund transfer from your checking account, this will automatically be cancelled.

2. If you prepaid your dues and/or dental plan, we will mail you a refund check for these prepayments (payments for and after January 2011).

THE PEF RETIREE DENTAL PROGRAM IS...

AFFORDABLE
Your PEF Retiree membership allows low group rates for dental care designed to provide you with the most coverage and minimal out-of-pocket costs.

CONVENIENT
Pay your dental premiums through pension deduction and enjoy the freedom and time-saving convenience. Pension deduction also saves you check processing fees for dues (14% per year).

BROAD ACCESS TO GHI NETWORK DENTISTS
GHI pioneered dental insurance in New York over 40 years ago and has built a network of thousands of qualified practitioners throughout the U.S. For more information, visit the GHI's Web site for a current list of network dentists: **www.ghi.com**.

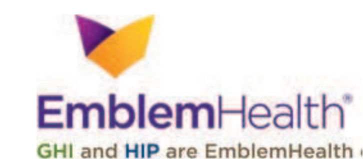
ON-DEMAND BENEFIT INFORMATION
A personalized, online portal for instant access to claims information, benefit eligibility, network dentist listings and more.

FREE VISION DISCOUNT PLAN
Enroll in the PEF Retiree Dental Program and receive a Vision Discount Plan at no additional charge. Details on the vision services and savings can be found at **www.buymbp.com/ghi**.

ENROLL TODAY!

ENROLLMENT FORM INCLUDED INSIDE

Please make sure you have signed and fully completed the enrollment form to start enjoying this convenient and affordable program!



Group Health Incorporated (GHI), HIP Health Plan of New York (HIP), HIP Insurance Company of New York and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Refer to GHI policy forms numbers PLD-1104-C, PLD-1103-C, et al.

Membership Benefits Program
1168-70 Troy-Schenectady Road
PO Box 12414
Albany, NY 12212
1-518- 785-1900 or 1-800-342-4306, ext. 243
Fax 1-518-783-5339
Web site: www.buymbp.com

Email address: mbrequests@pef.org

DENTAL CARE FOR PEF RETIREES

www.buymbp.com

(518) 785-1900 or (800) 342-4306, ext. 243

The PEF Retiree Dental Program

Designed For Your Unique Needs

The PEF Retiree Dental Plan, underwritten by GHI, has been offering affordable dental care for PEF Retirees since 1991. The information in this brochure will introduce you to the plan so you can best determine if it fits your needs. Please carefully review the portion on what coverage level you are eligible for at this time. To enroll in the plan, complete the enclosed enrollment form and sign the Pension Deduction authorization at the bottom of the enrollment form (if you are choosing pension deduction) and return it to us in the attached envelope. Start enjoying the convenience of paying with automatic pension deduction. Please note the Pension Deduction authorization is at the right of the enrollment form.

Revised 1/11

Monthly Cost

	Member only (Single)	Member with Spouse	Family*
Basic:	$23.61	$41.51	$63.86
Plus 50% Prosthetics:	$33.27	$60.85	$95.27
Plus 80% Prosthetics:	$49.78	$93.87	$148.93

*Dependents covered through age 19 and dependent students covered through age 25.

Eligibility

- **First year in the plan:** Basic Dental Service unless you enroll in the dental program within 90 days after your retirement date (and you had a dental program prior to retirement). In that case, you are eligible to select either the 50% or 80% prosthetics option.
- **After 12 months in the plan**, you are eligible to upgrade to the 50% prosthetic rider coverage (crowns, bridges, dentures).
- **After two years**, you are eligible to increase and upgrade to the 80% prosthetic rider coverage.

Note 1: When your time period to upgrade to a rider option becomes available and you decline, you will no longer be eligible for either rider option.

Note 2: Dues-paying PEF Retirees are eligible to participate provided they did not previously have the plan, then leave it.

Note 3: Special COBRA offer: If you apply within 30 days of your COBRA termination, you may select either the 50% or 80% Prosthetics option.

Reimbursement is based upon the applicable percentage of the GHI Preferred Schedule of Allowances.

ENROLLMENT/CHANGE FORM PEF RETIREE DENTAL INSURANCE PROGRAM

Please print, complete all sections and return to PEF Membership Benefits using the attached envelope.

Last Name | First Name | MI | Gender | Social Security Number

Home address—Number & Street—Apt. #

City | State | Zip Code

Telephone | Retirement Date | Date of Birth

PEF RETIREE DENTAL PLAN INFORMATION

Do you currently have dental coverage? ❑ No ❑ Yes

Name/Address of other dental insurance coverage

Policy Number | Effective Date

Does your spouse currently have dental coverage? ❑ No ❑ Yes

Name/Address of other dental insurance coverage

Policy Number | Effective Date

Please check one box: ❑ Member ❑ Member/Spouse ❑ Family ❑ Basic Dental Plan Only (after 90 days of retirement)

Upgrade Options (within 90 days of retirement or 30 days prior to COBRA termination):
❑ Basic Dental Plus 50% Prosthetics ❑ Basic Dental Plus 80% Prosthetics

COMPLETE ONLY IF PURCHASING SPOUSE or FAMILY COVERAGE:
Spouse/Dependent children to be covered:

Last Name	First Name	MI	DOB	SSN	Spouse	Son	Daughter
					❑		
						❑	❑
						❑	❑

Requested Effective Date of Dental Plan:

Note: The form must be received and verified by the 15th of the month for coverage to start on the 1st of the following month.

Billing: Monthly pension deduction (Please sign the pension deduction authorization at right and return it with your check, made payable to PEF Membership Benefits Program (include two monthly premiums).

I have certified the above information is accurate:

PEF Retiree Signature | Date

Please mail completed form using the attached envelope.

*Payment: Two months of premium for the above selected plan.

Please print, complete, detach and return in the attached envelope for processing.

PENSION CHECK DEDUCTION AUTHORIZATION FORM

Social Security Number

Retirement # (required)

Retirement Date (required)

Last Name | First Name | M.I.

Address

City | State | Zip

Telephone #, Including Area Code (required)

Email Address *(By providing your email address, you are giving permission to communicate with you electronically.)*

To: The Comptroller of the State of New York
Pursuant to 110 of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the NYS and Local Retirement Systems in the amount necessary to cover membership dues and/or insurance premiums payable on my behalf to the NYS Public Employees Federation Retirees. Authorization is also given to make any changes the union certifies to the Retirees System as necessary in the amount of such dues or insurance premiums. I understand that the NYS Public Employees Federation Retirees is my agent and all requests to begin, modify, or revoke deductions must be submitted through the union. This authorization shall remain in effect until revoked by me by written notice through the union or until otherwise revoked pursuant to law.

Signature of PEF Retiree

Date