

Superior Officers Council

Pension Deduction Authorization Form

Complete this form to initiate, continue, or terminate deductions from your pension.

Part I: Retiree Information

Last Name: _____ First Name: _____ Middle Initial: _____

Rank: _____ Retirement Date: _____ Tax ID: _____

E-mail: _____ Home Phone: _____ Cell Phone: _____

Part II: Employee Authorization

What would you like to do? ☐ Initiate a deduction ☐ Terminate a deduction ☐ Continue a deduction
(Check one)

Name of Deduction: **RETIREE HEALTHPLEX PPO BUY-UP OPTION**

Dollar Amount of Deduction Each Period

Monthly Deduction \$ 35.00

Part III: Employee Authorization

1. I hereby authorize the Superior Officers Council to initiate, terminate, or continue a pension deduction, as appropriate, based on my selection above.
2. I understand that if I am terminating a pension deduction, the deduction might still be taken during the current pension cycle due to the time needed to process the termination.
3. I understand that, if I am continuing a pension deduction, the deduction will be discontinued upon the completion of the orthodontic treatment and I will automatically be enrolled in the Healthplex Indemnity Dental Plan (PPO) the 1st day of the month following the completion of the treatment.

Employee Signature

Date

Please return this form by May 31th, 2017 to:
The Superior Officers Council, 40 Peck Slip, New York, NY 10038
Or submit by fax to 212-406-3105 or email to mayra@nypdsoc.com