

ARSEA Membership Application

Membership for myself at a rate of \$8.75 monthly or \$105 annually.

Membership for myself and my spouse at a rate of \$10.75 monthly or \$129 annually.

Both options listed above enroll you as a Sustaining Member of ARSEA and include an accidental death and dismemberment insurance benefit. In the event of an accidental death, the \$4,000 insurance benefit goes to the surviving person(s) of successive preference (beneficiaries) unless otherwise designated in writing. As an Auxiliary member, your spouse receives the AD&D insurance benefit and membership only discounts and entitlements.

SSN (optional) _____ Birthday (optional) _____

Spouse's Name _____ SSN (optional) _____

Phone 1 _____ Phone 2 _____

Email Address _____

Recruited By _____

Monthly Payroll Deduction- *The easiest way to join ARSEA!*

I hereby authorize the Employees' Retirement System of Alabama to make a monthly deduction equal to that of the monthly rate of the option checked above from my retirement check for payment of my professional dues to the Alabama Retired State Employees' Association. This continuous authorization may be revoked by me at any time by notifying the Employees' Retirement System in writing.

Signature

OR enclose a check for dues equal to the annual rate amount of the option selected above.