



ASSOCIATION OF ROCHESTER POLICE & AREA LAW ENFORCEMENT RETIREES, INC.
1425 Lexington Avenue – Rochester, NY 14606 - Telephone (585) 254-2510 Fax (585) 254-2514

AUTHORIZATION FORM

NAME: _____ DATE OF BIRTH _____/_____/_____
SOCIAL SECURITY NUMBER _____/_____/_____

SPOUSE/S NAME _____ SOCIAL SECURITY NUMBER _____/_____/_____

HOME ADDRESS: _____
CITY _____ STATE _____ ZIP _____

PAYROLL TITLE AT RETIREMENT: _____ TELEPHONE NUMBER (____) _____

RETIREMENT NUMBER (Is required: Printed on Pension Check) _____ RETIREMENT DATE _____

Pursuant to Section 110-c/410-c of the Retirement and Social Security Law, I hereby authorize deductions to be made from my monthly allowance from the New York State and Local Retirement Systems in the amount necessary to cover membership dues payable on my behalf to The Association of Rochester Police & Area Law Enforcement Retirees, Inc. Authorization is given to make any changes the Association certifies to the Retirement System as necessary in the amount of such dues. I, the undersigned, do hereby authorize you to deduct from my monthly allowance the amount of \$ 1.67 for payment of dues, or an amount as may be certified to you by the Association as my dues. I understand that The Association of Rochester Police & Area Law Enforcement Retirees, Inc. is my agent and all requests to begin, modify, or revoke deductions must be submitted through the Association. This authorization shall remain in effect until revoked by me or written notice through the Association or until otherwise revoked pursuant to Law.

DATE SIGNATURE OF PENSIONER

Your retirement number can be found in your last tax form sent by the state. In the lower left hand portion of the statement, there are three numbers: We need the middle number that starts with 0SA following by 6 digits, or 0A followed by 7 digits if you are a Sheriff's deputy.

This dues deduction form applies only to law enforcement personnel that are members of the N.Y. State Pension System.

All other ARPALER applicants must fill out the standard membership form on this web site.

If you have any questions concerning this application you can e-mail us at: arpaler14606@frontiernet.net or you can call the ARPALER office at (585) 254-2510.