



# Union Premium Deduction

Retirees can use this form to authorize DRS to deduct dues from their retirement benefits and forward the dues to specific unions or organizations.

Send Completed forms to:  
WSCFF  
1069 Adams St SE  
Olympia, WA 98501

## Instructions

**Retirees:** Please fill in this form with a union or organization representative. After DRS receives this form from your union or organization, DRS will begin deducting your dues monthly and paying them to your union or organization. Forms DRS receives on or before the 15th of the month will be processed in time for end-of-the-month vendor payments.

**Vendor or broker (that is, union or organization):** Once this form is completed, please send it to the address above.

## Retiree Information

Retiree Name (Last, First, Middle)	Local Union #	Social Security Number	
Email Address		Phone Number	
Retirement System			
<input type="checkbox"/> Public Employees' Retirement System (PERS)	<input type="checkbox"/> School Employees' Retirement System (SERS)		
<input type="checkbox"/> Teachers' Retirement System (TRS)	<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)		
<input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)	<input type="checkbox"/> LEOFF 1		
<input type="checkbox"/> Judicial Retirement System (JRS)	<input type="checkbox"/> LEOFF 2		

## Vendor or Broker Information (that is, your union or organization)

Vendor Name WSCFF Retirees Association		Phone Number 360-943-3030	
Mailing Address 1069 Adams Street SE	City Olympia	State WA	ZIP 98501
Union or Organization ID WSCFF	Date Deduction Starts (mm/dd/yyyy)	Monthly Deduction Amount \$6.00	

## Retiree Signature

I authorize DRS to deduct dues from my monthly retirement benefit and pay them monthly to my union or organization. I hold DRS harmless for any conflicts that occur between the union or organization and myself. I understand that DRS cannot answer questions about my union or organization.

Deductions will continue until DRS receives written notice of cancellation from the union or organization named on this form.

Are you LEOFF 1 or LEOFF 2?	
Retiree Signature	Date

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.

