ISEA RETIREES DUES DEDUCTION AUTHORIZATION - Code 1

I hereby authorize the Judges Retirement System of Illinois (JRS) to deduct from my pension check the amount as certified by the Illinois State Employees Association Retirees for my dues and to remit said amount to the ISEA Retirees. I further authorize the Judges Retirement System to provide change of address information to ISEA Retirees as required.

Signature					
Name (Print)				For office use only	
Address	F	First	Middle Initial		
Street	City	State	Zip Code		
Social Security Number x	xx-xx			Effective Date	Amount/Mo
Date of Birth	Email				
If your monthly benefit is \$400 or less —ISEA Retirees dues are \$1.50 per month. ☐ If your monthly benefit is \$401 to \$700 —ISEA Retirees dues are \$2.00 per month. ☐ If your monthly benefit is \$701 to \$1100 —ISEA Retirees dues are \$3.00 per month. ☐ If your monthly benefit is \$1101 or over —ISEA Retirees dues are \$3.50 per month. ☐			Please complete entire card and return to: ISEA Retirees 2060 W. Iles Avenue Suite D Springfield, IL 62704-4195		
Please check above benefit amo	ount box which applies to v	ou.			