

REACTA

RETIRED EMPLOYEES ASSOCIATION OF THE CALIFORNIA TEACHERS ASSOCIATION

Stay Connected – Be Informed

Membership Enrollment Form

CHECK BOX NEXT
TO ANY PERSONAL
INFORMATION YOU
DO NOT WANT
INCLUDED IN THE
REACTA
DIRECTORY

Name:

Address:

City St Zip:

Email:

Please send newsletters/communications via email Yes No

Telephone: Cell Phone:

Years with CTA and/or Affiliates: Year Retired:

Region: Location of Office Retired from: Position/Title :

Emergency Contact Information Name:

Relationship Telephone:

When I retired, I was (Please check the appropriate box):

<input type="checkbox"/> Associate Staff (CAS, Affiliate)	<input type="checkbox"/> Confidential
<input type="checkbox"/> Supervisory	<input type="checkbox"/> CSO Staff
<input type="checkbox"/> CTA Leadership	<input type="checkbox"/> Management

OR I am the

Spouse/Domestic Partner of a CTA Retiree
 Spouse/Domestic Partner of a Deceased CTA Retiree
 Divorced Spouse/Domestic Partner of a CTA Retiree

Mail this form with a signed *Pension Deduction Authorization Form*
to:

Felice Strauss, REACTA Treasurer
2049 National Ave, Costa Mesa CA 92627

More Dues Information and the *Pension Authorization Form* on the next page

REACTA Annual Dues Amounts:

- \$0.00** *Spouse/Domestic Partner of Deceased REACTA Member*
- \$15.00** *Retiree's Spouse/Domestic Partner*
- \$30.00** *Associate Staff (CAS or Affiliate), Confidential Employees*
- \$60.00** *CSO Staff, Management, Supervisors, CTA Leadership*

To pay dues by having the appropriate amount deducted from your monthly CTA Employees' Retirement Benefits Plan check, please fill out and sign the Deduction Authorization below and return the completed form.

MONTHLY Deduction from CTA Employees' Retirement Benefits Check
(Please check appropriate amount)

- \$1.25 Retiree's Spouse/Domestic Partner
- \$2.50 Associate Staff (CAS or Affiliate), Confidential Employees
- \$3.75 Associate Staff (CAS or Affiliate), Confidential Employees **AND** Spouse/Domestic Partner **RECOMMENDED**
- \$5.00 CSO Staff, Management, Supervisors, CTA Leadership
- \$6.25 CSO Staff, Management, Supervisors, CTA Leadership **AND** Spouse/Domestic Partner **RECOMMENDED**

Name of Spouse/Domestic Partner:

Address:

Email:

Signed Deduction Authorization enclosed for myself (and spouse/domestic partner if applicable)

DEDUCTION AUTHORIZATION

I hereby authorize and direct the CTA Employees' Retirement Benefit Plan (herein "PLAN") and its agents, BeneSys Administrators, to deduct from regular monthly pension payments due to me the regular monthly dues, fees, and assessments of the Retired Employees Association of the California Teachers Association, or any successor organization (herein "REACTA"), in such amount as may be established from time to time by REACTA and communicated by REACTA to PLAN or MBA. The amount so deducted shall be transmitted to REACTA. This authorization remains in force from year to year until revoked or revised by me in writing.

Date: _____

Signature

Printed Name

Social Security Number (last 4 digits only)