

# 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:

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):

Associate Staff (CAS, Affiliate)

Confidential

Supervisory

CSO Staff

CTA Leadership

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:

Dick Gale, REACTA Treasurer  
11895 Evergold St, San Diego, CA 92131

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

**REACTA Annual Dues Amounts:**

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

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)**

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**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)**