



EMPLOYEES CLUB OF CALIFORNIA

PENSION DEDUCTION AUTHORIZATION FORM

The Club Celebrates and Honors the Work and Life of Los Angeles City Employees!

Enhance your retirement with exclusive Club membership benefits, available for just \$4 per month through convenient pension deduction. As a member, you'll gain access to a wide range of benefits designed specifically for retirees like you. From discounts on movie theaters to sporting events to social events and wellness programs, Club membership offers exceptional value while helping you stay connected to your community of fellow retirees.

INSTRUCTION:

This form authorizes the Employees Club of California to deduct a monthly membership fee of \$4.00, plus any other authorized deductions, for access to the full Club benefits. Please read carefully and complete all sections accurately. Print clearly, ensuring you provide all requested information.

If returning by USPS Mail, please send to:



Employees Club of California
311 S. Spring St. STE 1300
Los Angeles, CA 90013

Name of Association Employees Club of California			Social Security Number		-	-			
First Name	Middle Initial	Last Name							
Home Address			City		State	Zip			
Home Phone () ()	Cell Phone () ()	Date of Birth (MM/ DD/ YYYY)		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED		
Email Address *									

* The e-mail address you provide will help us communicate with you regarding updates and benefits that may become available to you. Your e-mail address will be used solely by the Employees Club of California and will not be distributed to others.

GOT QUESTIONS, WE CAN HELP!



help@employeesclub.com
(800) 464-0452

FOR LOS ANGELES CITY AND DWP RETIREES

PENSION DEDUCTION AUTHORIZATION

By signing the Payroll Authorization Form, I authorize a monthly pension deduction of \$4.00 for retirees, in addition to any other authorized deductions, for access to full Club benefits. This authorization will remain in effect until I revoke it in writing.

Last Name		First Name		Middle Initial	Social Security Number		-	-			
<input type="radio"/> City Dept #	<input type="radio"/> City Employee # (5 - 6 Digits)	<input type="radio"/> DWP Employee #		Please select one:							

To: **Los Angeles City Employees Retirement System (LACERS), or Fire and Police Pension, or Paymaster-Department of Water and Power**

I hereby authorize the deduction from my and pension of amounts sufficient to cover premiums/ membership fees on any of my group benefits provided by the Employees Club of California. In the event any premiums should change due to age, increase in salary or benefits, or a general rate increase for the entire Association, I authorize you to make such change upon notification from the Employees Club of California and such deduction to remain in force until canceled by me in writing.



Employees Club of California
311 S. Spring St. STE 1300
Los Angeles, CA 90013
(800) 464-0452
info@employeesclub.com
LACEA Insurance Services, Inc.
CA DOI License #0B98000

- LA City Retired
- DWP Retired
- Fire/ Police Pension (Officers Only)

FOR OFFICE USE ONLY

Code Deduction

SIGN HERE



Los Angeles City / DWP Retiree

____ / ____ / ____

Date