

LOS ANGELES COUNTY MANAGEMENT COUNCIL

Application for Retiree Membership

Please complete the following and send to:

Shannon Denby, Membership Chair
Department of Public Social Services
shannondenby@dpss.lacounty.gov

Last Name:	
First Name:	
Employee Number:	
Home Address:	
Apt, Suite, etc.:	
City:	
State:	
Zip Code:	
E-mail Address	
Phone (Optional):	

PAYROLL DEDUCTION/CANCELLATION AUTHORIZATION

AGENCY CODE 51	AGENCY NAME L.A. County Management Council			
RETIREE NAME (LAST, FIRST)				SOCIAL SECURITY NO.
<input type="checkbox"/> NEW	<input type="checkbox"/> CANCEL	<input type="checkbox"/> CHANGE	OLD AMOUNT	NEW AMOUNT

I hereby authorize the Los Angeles County Employees Retirement Association (LACERA) to *change, cancel* or start a *new* monthly deduction from my retirement warrant in the amount shown above, and to pay that amount to the proper agent. This authorization cancels and replaces any prior authorization and will remain in effect until I submit a change in writing.

If all or any portion of this authorized deduction includes insurance premiums and/or organization dues, I authorize LACERA to adjust the amount of this deduction from time-to-time as may be required to comply with dues or premium changes made in accordance with existing contracts, organization constitutions, charters, bylaws or other applicable legal requirements.

I understand and agree that LACERA, or any other disbursing officer, acting under this authorization shall not be held liable in any manner for failure or delay in making the deductions or payments here a thorized, nor be held responsible for any loss sustained by me duetotheirfailure or delay in making any such deductions or payments.

SIGNATURE	DATE
RSD 540 (9/98)	<i>I</i> <i>I</i>