

UIC UNITED UIC-SUAA Family* Membership Application

* Two UIC Retirees *or* Retiree/Employee & Spouse/Significant Other Living at Same Address

Complete this form and return it to:

State Universities Annuitants Association (SUAA)
3085 Stevenson Drive, Suite 301
Springfield, IL 62703

Name #1: (Last) _____ (First) _____ (M.I.) _____
 E-mail address: _____
 UIC Annuitant _____ Spouse _____ Survivor of UIC Annuitant _____ UIC Employee _____
 Other _____
 Department affiliation at UIC _____

Name #2: (Last) _____ (First) _____ (M.I.) _____
 E-mail address: _____
 UIC Annuitant _____ Spouse _____ Survivor of UIC Annuitant _____ UIC Employee _____
 Other _____
 Department affiliation at UIC _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Home Telephone # _____

If you want your SUAA dues deducted from a monthly SURS annuity check, check here__ and sign below:

I hereby authorize the State Universities Retirement System of Illinois to deduct \$5.50 from my monthly benefit check and transmit it to SUAA in payment of our family membership in the UIC chapter.

Signature #1 _____ Date: _____

I wish to be included in the UIC SUAA family membership by virtue of the dues payment by the other member of my household.

Signature #2 _____ Date: _____

Monthly deductions will begin on the first month following receipt of this form and will continue until you inform the State Universities Retirement System otherwise. Otherwise, submit a check for **\$66** payable to **UIC-SUAA** for 12 months or **\$132** for 24 months. Similar payments will be required periodically to continue your membership.
