

# IT TAKES ALL OF US TO SAVE AMERICA'S POSTAL SERVICE AND PROTECT RETIREE BENEFITS



CONTRACTUAL RETIREMENT GUARANTEES

POSTAL DEBT COLLECTION PROTECTIONS

HEALTH INSURANCE BENEFITS

MEMBERS ONLY PRIVILEGES

HOLIDAY CLERK OPPORTUNITIES

SECURE BENEFITS FOR FUTURE RETIREES



*Join the* **APWU**  
*Retirees Today!* ➔

# APWU RETIREES STILL FIGHTING FOR JUSTICE

**Your APWU Retirement membership is more than a ticket to a better retirement.  
It's a way to take an active role in shaping your future.**

APWU retirees continue to participate in every aspect of our union including protecting retirement benefits, protesting plant closings, addressing service standard cuts, fighting for a living wage for other workers and postal reform measures from Capitol Hill to name a few.

Join the APWU Retirees Department now and you will continue to receive the membership protection, support and many of the other privileges you enjoyed as an active member. Retiree dues are just \$3 a month or \$36 a year.

Continuing your membership in the APWU is the best way to protect your rights and retirement that you fought for as an active postal employee. As a Retiree Member, you will have the opportunity to:

- Retain your coverage with the APWU Health Plan.
- Remain eligible for discounts offered by Union Plus or the Voluntary Benefits Plan.
- Automatically receive \$5,000 Accidental Death and Dismemberment insurance coverage through the Voluntary Benefits Plan at no cost.
- Stay connected to the union by receiving the APWU bimonthly magazine, *The American Postal Workers*, and periodically receiving pertinent information.
- Receive educational information on subjects related to aging and improving your quality of life, as well as discounts through Union Plus and Voluntary Benefits Plan.

By standing together we can work to:

- Save America's Postal Service
- Stop cuts to Social Security and Medicare
- Protect Postal Jobs and Benefits Including Benefits for Retirees
- Improve the Standard of Living for Families in Need of Assistance
- Repeal the Windfall Elimination Provisions (WEP) & the Government Pension Offset (GPO)



A handwritten signature in black ink, appearing to read "Mark Dimondstein".

Mark Dimondstein  
President

A handwritten signature in black ink, appearing to read "Nancy E. Olumekor".

Nancy E. Olumekor  
Retiree Director



## Your Membership Matters ~ It Takes All of Us!

Enroll Me as an APWU Retiree for Only \$3 a Month!

LAST NAME	FIRST NAME	MI	
SOCIAL SECURITY NO. (Entire # is required)	DATE OF RETIREMENT	DATE OF BIRTH	
CSA NUMBER (Which can be found on your paperwork from OPM)	EMAIL ADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE NO. (      )	MOBILE PHONE NO. (      )		
I agree to all terms and conditions and authorize the execution of this application.	DATE		

By checking the box above, I agree to all terms and conditions and authorize the execution of this application. I hereby authorize the Office of Personnel Management (OPM) to release to the American Postal Workers Union (APWU) my CSA number and any future address changes for the purpose of keeping my membership current.

Preferred Contact Number: ☐ HOME ☐ MOBILE

By selecting my preferred contact number, I am authorizing the APWU to call me or send me recorded messages using automated technology to the telephone number entered above.

Would you like to receive mobile text alerts from APWU? ☐ YES ☐ NO

If you choose to receive mobile alerts, you are authorizing the mobile communications. Note: the APWU will never charge for these updates, but your carrier's message and data rates may apply. Text STOP to 91990 to stop receiving messages. Text HELP to 91990 for more information.

## Select One Option

### Then continue on the next page of the form

Complete details for the following options are listed in the APWU National Constitution and Bylaws

- ☐ **OPTION 1**  
**Retiree Membership of only \$36.00 per year**, ANNUITY DEDUCTION of retiree \$3 dues monthly. **Do not enclose a check with this form.** Privileges: The right to vote and run for office as a Retiree National Convention Delegate or National Director of the APWU Retirees Department, and the right to vote for President, Executive Vice-President, Secretary-Treasurer, Legislative and Political Director, Human Relations Director, and APWU Health Plan Director.
- ☐ **OPTION 2**  
**Retiree Membership of \$36 per year plus APWU full dues (National Per Capita Tax and local dues)**, ANNUITY DEDUCTION of retiree dues of \$3 monthly. You will be billed for the National Per Capita Tax and required local dues amount. **Do not enclose a check with this form.** We will provide you with instructions on how to pay the National Per Capita Tax and local dues. This amount will vary from approximately \$200 to \$600 annually. \* (Note: **A retired member can only hold national, state or local union office by paying full national and local dues. For reinstatement to full dues status, see Article 3, Section 4 of the APWU Constitution and Bylaws at [www.apwu.org](http://www.apwu.org), in the Secretary-Treasurer's section.**) Privileges: Same as OPTION 1 plus eligible for full local and national membership rights.



## CONTRIBUTE TO APWU COPA

### The Committee on Political Action

The benefits you have earned including your annuity and health insurance are not safe. Congress can reduce or eliminate these essential benefits. We want to make sure that Congress knows we are opposed to reducing or eliminating these essential benefits.

The APWU is committed to continuing the fight to protect your rights and benefits, even after you retire. This is a top priority of our organization, along with protecting postal jobs and preserving the USPS as a public service. To continue the fight, we need your help!

YES! I want to contribute to APWU COPA, the union's Committee on Political Action, directly from my OPM retirement check. After all, as a retiree, Congress' votes can determine my future!



### COPA CONTRIBUTION

*(Check One)*

☐ \$2/month    ☐ \$5/month    ☐ \$10/month    ☐ Other: \$ \_\_\_\_\_/month

Checking one of the above boxes and adding my name to the Authorizing Signature box below authorizes OPM to deduct my COPA contribution from my retirement check each month.

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Authorizing Signature

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Date

## Welcome to the APWU Retirees Department!

Mark Dimondstein  
APWU President

### Please return your completed application to:

Nancy E. Olumekor, Director  
APWU Retirees Department  
1300 L Street NW  
Washington, DC 20005

Email: [retirees2@apwu.org](mailto:retirees2@apwu.org)

Fax: (202) 216-2612