



PSEA is...

a not-for-profit mutual benefit organization providing activities, services and benefits for its members through our volunteer network and PSEA office employees.



PSEA Membership Eligibility

Active employees, retirees, contracted or past employees of PG&E, its affiliates, subsidiaries and parents, siblings and adult children of current members are eligible for membership.

Benefits of Membership

- Member Discounts & Travel** – Discount tickets for amusement parks, athletic and entertainment events, hotels, car rentals, products, and services! Low cost vacations are available through Ambassador Tours and Get Away Today.
- Special Offerings** – Group rates on many types of insurance and other services such as a legal plan are offered to members, depending on member type. See website for details.
- Vacation Camps** - Rustic cabins in 7 great California locations. Tranquil settings, spectacular views and a family atmosphere are available exclusively to PSEA members and their guests.
- Social Events** - Members can participate in a number of social events organized each year such as picnics, crab feeds, children’s activities, dinners, trips and the Annual Meeting of the Membership.
- Athletic Events** - System-wide tournaments sponsored by the Board of Trustees include: golf, softball, bowling, beach volleyball, and basketball. The PSEA Golf Club holds over thirty-five tournaments annually!
- Accidental Death and Dismemberment Program** - Available coverage to both member and family at excellent group rates. AD&D insurance helps protect you against losses due to accidents.
- Member Disability Plan** - Provides financial assistance to active PG&E employees (who join the plan) who are unable to work. Payments are in addition to sick leave, workers' compensation, and/or State Disability Insurance.
- Emergency Assistance Fund** - Financial assistance when other resources have been depleted, for situations such as natural disasters, medical crisis, and financial crisis. (Available to members, plus active and retired PG&E employees).

Membership Application:

Please return the bottom portion of this form with your membership check to: PSEA Membership, 1390 Willow Pass Road, #240, Concord, CA 94520

Full Name: _____ Personnel number: _____

Home Address: _____ City/State/Zip: _____

Date of Birth: _____ Date of Hire _____ Home Phone: _____

Co. Phone: _____ Home E-mail Address _____ LAN ID _____

******Dues payable when joining. (PLEASE BE SURE TO INCLUDE PAYMENT) Please check type of membership******

Active:	Full or part-time regular employee of PG&E, its affiliates or subsidiaries 2024 FREE	Annual Dues: \$55.00
Associate:	Full or part-time previous employee of PG&E, its affiliates or subsidiaries	Annual Dues: \$55.00
Retiree:	Retired employee or their surviving spouse of PG&E, its affiliates or subsidiaries	Annual Dues: \$35.00
Contractor:	Full or part-time contractor of PG&E, its affiliates or subsidiaries	Annual Dues: \$55.00
Family:	Adult child (21+), parent, or sibling of the immediate family of a PSEA member	Annual Dues: \$55.00

For Family Members - Please provide sponsoring PSEA member name & personnel number:

Sponsoring member name: _____ Personnel number: _____

For Contractors - Please provide company name: _____

(Check here) **I would also like to enroll in the PSEA Disability Plan.** (See Reverse)

(Active Employees only) I hereby authorize PSEA, during the month of January of each subsequent year, to arrange for deduction of an amount sufficient to cover my annual dues, as set by the Board of Trustees, from any money due me via PG&E as wages, and pay same to the Treasurer of Pacific Service Employees Association, as and for my annual dues in said Association. (Type your name and date below to accept.)

Signature of Applicant **Date**

For Credit Card Payment: Name on card _____

VISA / MC / Discovery # _____ 3 digit sec _____ Exp: ___/___/___

**PACIFIC SERVICE EMPLOYEES MEMBER DISABILITY PLAN
APPLICATION FOR MEMBERSHIP**

I, the undersigned, now employed by Pacific Gas & Electric Company, or its domestic subsidiaries and affiliates, or Pacific Service Employees Association, and being a member in good standing in the Pacific Service Employees Association, do hereby apply for membership in the Disability Plan and consent and agree to be bound by the provisions of said Disability Plan and its rules and regulations now in force, and by any other rules or regulations of said Disability Plan hereafter adopted and in force during my membership.

I also agree, request and direct that said Company by its proper agents, and in the manner provided for in the Disability Plan, shall during my membership therein, deduct from any wages earned by me under employment by said Company and pay to the Treasurer of the Pacific Service Employees Benefit Association for the account of the Disability Plan any and all assessment duly and regularly levied by the Board of Directors in the same manner as I have directed the payment of any monthly voluntary contributions.

Should I desire to terminate my membership in the Disability Plan, I agree to notify the Secretary of the Disability Plan, or his designated agent, to this effect in writing at least thirty (30) days prior to the date upon which I desire my membership to terminate.

I agree that this application, upon approval, shall make me a member of the Disability Plan on and from the date specified in such approval, and that such membership shall not be voided by any change in the amounts deductible from my wages and payable to the Disability Plan, and that the agreement that the above named amount shall be deducted from my wages shall apply also to any other amounts (whether for contributions or assessments) which I may become obligated to pay pursuant to the provisions of the Disability Plan, or its rules and regulations now in force and effect or hereafter adopted.

I also agree, for myself and those claiming for or through me, to be governed by the provisions of the Disability Plan providing for the final and conclusive settlement of all claims and benefits, or controversies of whatever nature, by reference to the Administrative Officer and an appeal from the decisions of said Administrative Officer, as in said Disability Plan provided, without recourse to a court of law or equity.

I certify that I am temperate in my true habits: that, so far as I know, I am now in good health.

I also agree that any untrue or fraudulent statements made by me, or any concealment of facts in this application or any attempt upon my part to defraud or impose upon said Disability Plan, or my resigning from or leaving the Service of the Company, my being relieved or discharged therefrom, or pensioned, or my failure to be and remain a member in good standing in the Pacific Service Employees Association, shall forfeit my membership in the Disability Plan and any and all rights, benefits and equities arising therefrom.

Date _____ Signature of Applicant _____

Contributions of \$9.00 monthly payable in advance by payroll deduction.

Return completed application by fax to (925) 246-6230 or email to JiBQ@pge.com or mail to
PSEA Disability Plan, 1390 Willow Pass Rd, Suite 240, Concord, CA 94520.