

ARE YOU RETIRING THIS YEAR?

Congratulations and **thank you** for your many years of service to the children of Denver. As a retiree, you maintain your privileges with the **ASSISTANCE FUND**. You may continue to borrow durable, non-personal medical equipment from us for yourself or any person in your immediate family for as long as you need it, **free of charge**. **The equipment is available to all active and retired employees of the DPS.**

To be added to our retiree list and to ensure your continued eligibility to borrow equipment, you must complete the **DPS Retiree Continuation Data Form** below and mail it to our office at 1617 S. Acoma St., Denver CO 80223.

The form is also available in PDF format for you to download from our website – www.dpssbp.org.

*****Already in our database? PLEASE READ - If you receive our “Bits & Pieces” newsletter via email or US Mail, you are already in our database and do not need to complete the form!! If your contact information changes, be sure to call us and let us know.**

ASSISTANCE FUND OF THE DENVER TEACHERS CLUB DPS Retiree Continuation Data Form

As a retiree of the Denver Public Schools, I understand that I remain eligible to use the non-personal, durable medical equipment made available to retirees and their immediate family members by the **Assistance Fund** of the Denver Teachers' Club. My signature below, along with the data I have provided, affirms my request to continue receiving periodic correspondence. In an effort to contribute to the cost savings of the organization, if I have supplied my email address below, I prefer to receive correspondence electronically.

I have the assurance that the data herein provided will be used only for the purposes of verifying my identity and communicating with me and my family. Furthermore, I understand that none of my personal data will be shared with any outside person or organization and that it is my responsibility to provide updated information whenever changes occur.

Name*: _____ Birth Date*: _____

Address*: _____

City*: _____ St*: _____ Zip (5+4)*: _____

Phone*: _____ DPS ID No.*: _____

Email address to receive correspondence electronically: _____

The effective date of my retirement is*: _____ 20____

Signature: _____ Date: _____

* Required Information