

AFSCME RETIREE CHAPTER 31

RETIREMENT SECURITY: OUR STORIES

With a new legislative session around the corner and the looming threat of cuts to pension and retiree health care benefits, Chapter 31 is gathering the stories of AFSCME retirees. Through the news media, paid advertisements, lobbying and other activities we will use our stories to show the public the real face of AFSCME retirees and what retirement security means to us.

WHAT'S YOUR NAME? _____

WHERE DO YOU LIVE? _____

YOUR PHONE NUMBER _____ E-MAIL _____

WHEN DID YOU RETIRE? _____

WHERE DID YOU WORK? WHAT WAS YOUR JOB TITLE? _____

HOW MANY YEARS DID YOU WORK THERE? _____

WHAT IS YOUR MONTHLY PENSION? _____

WHAT ARE THE MAJOR EXPENSES YOUR PENSION PAYS FOR (e.g. prescription drugs, food, mortgage/rent, gas, heat, etc.)? _____

ARE YOU THE PRIMARY PROVIDER FOR SOMEONE ELSE (e.g. spouse, parent, child, grandchild)? _____

(OVER)

WHAT WOULD IT MEAN TO YOUR INCOME TO LOSE YOUR PENSION? _____

WHAT WOULD IT MEAN TO YOU IF YOU LOST YOUR HEALTH INSURANCE? _____

WHAT DOES RETIREMENT SECURITY MEAN TO YOU? _____

After completing the form please send to:

**Maria Britton
AFSCME IL Retirees
615 S. Second
Springfield, IL 62705**