

**Retiring Soon?
Who Will Represent You Then?**

As a Sonoma County employee, you have a union that represents you, fights for your benefits and gives you information about County proposals and changes. Co-workers share information with you. When you retire, that stops.

SCARE Provides Advocacy

The Sonoma County Association of Retired Employees (SCARE) is a non-profit organization whose only purpose is to promote and protect the welfare and interests of Sonoma County retirees. SCARE seeks to improve the quality of your retirement by keeping you informed and taking appropriate action to advance your interests on matters such as health and other insurance options. We are the only group that advocates for all Sonoma County retirees.

We do this by representing retirees before the Board of Supervisors and the Sonoma County Retirement Board at SCERA. We work with unions and the County at the Joint Labor Management Benefits Committee (JLMBC), and the Sonoma County Coalition of Labor Organizations (SCCLO) to fight for retiree benefits. We have a representative on the Independent Citizens Pension Committee.

SCARE Provides Information

SCARE also keeps you informed of coming changes in your benefits and other items of interest. We do this through membership meetings with speakers on relevant topics, and through quarterly newsletters, and a website

SCARE Provides Access to Discounted Group Insurance

SCARE also offers the following discounted group insurance: Vision, Dental, Travel Guard, Pet Insurance, Legal Shield, ID Shield and Personal Accident insurance.

Join SCARE When You Retire

We hope you will join us as you retire. SCARE dues are \$5/month for retirees and \$2.50/month for associate members (spouses and domestic partners of retirees) and is deducted from your pension. Please complete the application form and send it to Patty Hamley at 2112 Berkeley Drive, Santa Rosa, CA 95401.

SONOMA COUNTY ASSOCIATION OF RETIRED EMPLOYEES (SCARE)
(www.sonomacountyretirees.com)

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P. O. Box 5513, Santa Rosa, CA 95402 www.sonomacountyretirees.com

Dear Retiree:

If you or your spouse/domestic partner are receiving retirement benefits from the Sonoma County Employees' Retirement Association (SCERA), you are eligible for SCARE membership and we hope you will join our organization.

SCARE's primary purposes are to protect and promote the benefits and welfare of the retired employees of Sonoma County. We advocate for retiree interests at the County and State level through the Board of Supervisors, the Sonoma County Employees' Retirement Board, the Joint Labor Management Benefits Committee (JLMBC), the California Retired County Employees Association, the Legislature, and, if necessary, the courts. Membership meetings, luncheons, a quarterly Newsletter, and the SCARE website keep our members informed of issues that may affect them.

If you have any questions regarding membership, please contact our Membership Chair, Patty Hamley, at 707-579-1726 or send email to phamleyis@hotmail.com or just complete this application and mail it to us.

SCARE MEMBERSHIP APPLICATION

Mail to: SCARE, 2112 Berkeley Drive, Santa Rosa, CA 95401

PLEASE PRINT

Member Name _____ **Associate** _____

Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

Telephone: Home _____ **Cell** _____ **E-Mail address** _____

I agree to receive the SCARE Newsletter and other notices via email

I hereby apply for Membership in the Sonoma County Association of Retired Employees. I am eligible for membership based on my retirement from the Sonoma County _____ Dept. on _____ (please enter retirement date).

AND/OR

I hereby apply for Associate Membership in the Sonoma County Association of Retired Employees. I am eligible for Associate Membership by being the spouse/domestic partner or widow/widower of _____, a Sonoma County retiree.

Dues for membership to SCARE are \$5.00 per month for members and \$2.50 per month for Associate Members.

I authorize payment of my (our) SCARE dues of \$ _____ per month by deduction from my retirement check.

Member Signature _____ **Last 4 digits of Soc. Sec. #** _____

Associate Signature _____ **Date** _____