



DENVER TEACHERS CLUB, INC.
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ASSISTANCE FUND OF THE DENVER TEACHERS CLUB Denver Public Schools 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 from the Denver Teachers Club. In an effort to contribute to cost savings by the Club, I have supplied my email address below and agree to receive correspondence from the Club electronically.

I have the assurance of the Denver Teachers Club that the data herein provided will be kept on file in the Club office and used only for the purposes of verifying my identity and communicating with me and my family, and that none of my personal data will be shared with any outside person or organization.

Name*: _____ Birth Date*: _____

Address*: _____

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

Phone*: _____ DPS ID No.*: _____

Email address: _____

The effective date of my retirement is*: _____

Signature: _____ Date: _____

* REQUIRED INFORMATION