



NEA Complimentary Life Insurance™ / NEA Introductory Term Life Insurance™ REGISTRATION FORM

These programs are provided at no cost to eligible members by the NEA Members Insurance Trust. To help us administer these programs, please complete this form in its entirety, then fold, seal and mail. No postage necessary.

MEMBER NAME- LAST

FIRST

MI

RESIDENCE-STREET

CITY

STATE

ZIP

PHONE

DATE OF BIRTH

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

Gender

AREA CODE

Mo

Da

DD

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

YY

Home e-mail address. Please provide your home e-mail address to receive information and updates about NEA MB programs, Web Site offers and giveaways.

BENEFICIARY: Please name your beneficiary:
LAST NAME

FIRST

MI

BENEFICIARY ADDRESS-STREET

CITY

STATE

ZIP

RELATIONSHIP (To Member)

BENEFICIARY E-MAIL ADDRESS

By signing this form, I am designating the beneficiary listed above for both plans as applicable. I understand that only first-year members are eligible for the NEA Introductory Term Life Insurance.

X

Member's Signature

Date

Mail to: National Education Association
PO Box 261
Annapolis Junction, MD 20797-0140

If a beneficiary is not named, any amount of insurance at your death will be paid to the first surviving beneficiary class as listed in the following order:
1. Spouse 2. Children 3. Parents 4. Siblings 5. Estate

To name more than one beneficiary, call toll free 1-800-637-4636.

Number of children age 22 or younger dependent on you for support: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

Children's Year of Birth

1st Child

2nd Child

3rd Child

4th Child

Marital Status

☐ Single ☐ Married ☐ Domestic Partner

☐ Divorced/Separated/Widow

Are you the major wage earner in the household?

☐ Yes ☐ No

Household Income Range?

☐ \$29,999 or below

☐ \$30,000 - 39,999

☐ \$40,000 - 49,999

☐ \$50,000 - 59,000

☐ \$60,000 - 69,999

☐ \$70,000 - 99,999

☐ \$100,000 - 124,999

☐ \$125,000 - 149,999

☐ \$150,000 and above

ADDITIONAL REGISTRATION OPTION

Go to neamb.com/insurance and register as an NEA Member.

Click on "NEA Complimentary Life Insurance" to Name Your Beneficiary.

Of course, you can always Name Your Beneficiary by contacting the NEA Member Service Center toll-free at 1-800-637-4636, Monday-Friday from 8:00 a.m. to 8:00 p.m. (EST).

DIFE-1516

**NEA Complimentary
Life Insurance**
(formerly DUES-TAB)

- Up to \$1,000 in life insurance protection.
- Up to \$5,000 in regular accidental death and dismemberment benefits.
- \$50,000 in accidental death and dismemberment benefits that cover you while on the job or serving as an Association leader.
- \$150,000 in accidental death benefits for eligible members who are victims of death by homicide while at work.

**NEA Introductory Term
Life Insurance**

For New Members Only

- Benefit began September 1, 2008.
- \$15,000 of term life insurance for 12 months—at no cost to the member.
- Eligible to continue at the end of the 12 month period at low members-only rates. Acceptance guaranteed.

FIRST FOLD IN THIRDS AND APPLY ADHESIVE STRIP HERE

**NEA
Complimentary
Life Insurance**

**NEA
Introductory
Term Life Insurance
Exclusively for
New Members**

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1500 ANNAPOLIS JUNCTION, MD

POSTAGE WILL BE PAID BY ADDRESSEE

NEA MEMBERSHIP BENEFITS

PO BOX 261

ANNAPOLIS JUNCTION MD 20797-0140