



NEA Complimentary Life InsuranceSM / NEA Introductory Term Life InsuranceSM 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. **You may also register on our Web Site (neamb.com/teachers-insurance).** This information will be held in strict confidence. Thank You!

MEMBER NAME--LAST FIRST MI
[Grid for name entry]

RESIDENCE--STREET
[Grid for address entry]

CITY STATE ZIP
[Grid for city, state, and zip entry]

PHONE DATE OF BIRTH SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
AREA CODE [Grid] M M D D Y Y Y Y [Grid]

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.
[Grid for email address]

Select a category which best represents your occupational area

- Eng/Lang Arts/Speech Mathematics
- Science Related Social Studies/History
- Health Related/P.E. Fine Arts
- Voc./Business Related Foreign Languages
- General Education Counselors/Psych./Soc. Workers
- Special Education Paraprofessional/Assistant
- Facilities Support Other (Cafeteria/ Custodial/Bus, etc.)

If married, what is the employment status of your spouse?

- Education employee Retired
- Executive Other professional
- Unemployed Homemaker
- Student Other

Which statement best describes your housing situation?

- Rent Own condo. or co-op
- Own home Live with relatives
- Own mobile home Other

I am currently an

- Active Life* Reserve Staff Member
- *Life members must be actively employed in the field of education.

BENEFICIARY: Please name your beneficiary.
LAST NAME FIRST MI RELATIONSHIP (To Member)
[Grid for beneficiary information]

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

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
[Grid for children's birth years]

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

Marital Status

- Single Married Domestic Partner
- Divorced/Separated/Widow

Gender

- Male
- Female

Major Wage Earner in Household

- Yes No About the same

Household Income Range?

- \$29,999 or below \$70,000 - 99,999
- \$30,000 - 39,999 \$100,000 - 124,999
- \$40,000 - 49,999 \$125,000 - 149,999
- \$50,000 - 59,000 \$150,000 and above
- \$60,000 - 69,999

Select a category which best represents your employment level

- Kindergarten-Pre-School Community or Junior College
- Elementary College or University
- Intermediate/Junior High/Middle School Adult Education
- High School Other

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

If you are a first year member please place a check in this box.

FOLD ON LINE

FOLD ON LINE

Mail to: National Education Association
PO Box 261
Annapolis Junction, MD 20701





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.

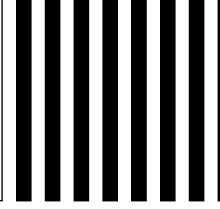
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NEA Complimentary Life Insurance

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

**National Education Association
PO Box 261
Annapolis Junction, MD 20797-0140**

