

**UP TO \$150,000!
NEA DUES-TAB
INSURANCE:**

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

www.neamb.com/insurance

RETURN ADDRESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS PERMIT NO.1402 BALTIMORE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

NEA INSURANCE OPERATIONS
RAPID RESPONSE
PO BOX 3459
BALTIMORE, MD 21225-9931



NEA DUES-TAB

Record of Registration

Year 2004 - 05

This is to certify that as an eligible member in good standing of the National Education Association you are presently covered under the NEA DUES-TAB Program.

NEA DUES-TAB is a group term life and accidental death and dismemberment insurance provided free to eligible members by the NEA Members Insurance Trust. Coverage will remain in effect as long as eligible NEA membership is retained and the overall program remains in effect.

No NEA member dues dollars are ever used to fund or maintain any NEA benefits programs.

Please send only this NEA Dues-Tab form to NEA Insurance Operations.

Please send your NEA Membership forms to your Local or State Association.

REGISTER TODAY!

Retain this for your records.

FIRST FOLD IN HALF AND APPLY ADHESIVE STRIP HERE

NEA Members Insurance Trust® - NEA DUES-TAB Registration Form

nea NATIONAL EDUCATION ASSOCIATION

NEA DUES-TAB® Insurance is an automatic benefit free to eligible* NEA members, provided by the NEA Members Insurance Trust. To help us administer this program, please complete this form in its entirety, then fold, seal and mail. No postage necessary. You may also register on our Web Site (www.neamb.com/dtform.jsp). This information will be held in strict confidence. Thank you!

MEMBER NAME—LAST FIRST MI

RESIDENCE—STREET

CITY STATE ZIP

PHONE SOCIAL SECURITY NUMBER

AREA CODE MI D D Y Y Y Y

DATE OF BIRTH

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

NEA DUES-TAB BENEFICIARY: Please name your beneficiary:

LAST NAME FIRST MI

RELATIONSHIP (To Member)

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:

- Spouse
- Children
- Parents
- Siblings
- 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

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

Marital Status: Single Married** Divorced/Separated/Widow

Gender: Male Female

If married, what is the employment status of your spouse?
 Education employee Other professional Executive
 Unemployed Homemaker Student
 Other Retired Self employed

Which statement best describes your housing situation?
 Rent Living quarters Own condo. or coop. Own mobile home
 Own house Live with relatives Other

Total family income?
 \$19,999 or below \$20,000 - 29,999 \$30,000 - 39,999
 \$40,000 - 49,999 \$50,000 - 59,999 \$60,000 - 69,999
 \$70,000 or above

By signing this form, I certify that I am a member in good standing of the National Education Association

Member's Signature _____ Date _____

* Active, Staff, Reserve, and Life members. Retired members are eligible for \$50,000 accident insurance while serving on the job or as an Association leader.
 ** Includes domestic partner

DTC A0405