

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 (www.neamb.com/nocostbenefits). This information will be held in strict confidence. Thank You!

MEMBER NAME--LAST

FIRST

MI

RESIDENCE--STREET

CITY

STATE

ZIP

PHONE

DATE OF BIRTH

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

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.

REMOVE THIS STRIP -- AND SEAL

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:

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

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

Marital Status

Single Married Domestic Partner Male

Divorced/Separated/Widow 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

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

When do you plan to retire?

Age 65 or older Age 50-54

Age 60-64 Under Age 50

Age 55-59

I am currently an

Active Life* Reserve Staff Member

*Life members must be actively employed in the field of education.

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.

Member's Signature

Date

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

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

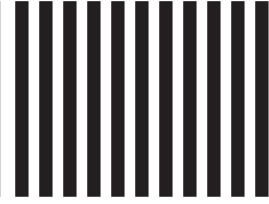
- Benefit began September 1, 2008.
- \$15,000 of term life insurance for 12 months—at no cost to the member.
- Eligible to continue at the end of the 12 month period at low members-only rates. Acceptance guaranteed.

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 PERMIT NO 2019 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL EDUCATION ASSOCIATION
PO BOX 96636
WASHINGTON, DC 20077-7312

