



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

RESIDENCE-STREET

STATE ZIP

CITY

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

PHONE

AREA CODE DATE OF BIRTH

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

RELATIONSHIP (To Member)

MI

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

MI

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

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.

FOLD ON LINE

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.

FOLD ON LINE

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