

## NEA DUES-TAB BENEFICIARY REGISTRATION FORM

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](http://www.neamb.com/dtform.jsp)). This information will be held in strict confidence. **Please send only this NEA DUES-TAB form to NEA Insurance Operations. Please send your NEA Membership forms to your Local or State Association.** Thank you!

### MEMBER INFORMATION

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ HOME E-MAIL ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_ GENDER \_\_\_\_\_  
 Female  Male  
MARITAL STATUS \_\_\_\_\_ MAJOR WAGE EARNER \_\_\_\_\_ FAMILY INCOME \_\_\_\_\_ HOUSE STATUS \_\_\_\_\_  
 Single  Married\*\*  Divorced/Separated/Widow  Yes  No \$ \_\_\_\_\_  Rent  Own

Number of dependent children age 22 or younger: \_\_\_\_\_

Children's Birth Years: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

### BENEFICIARY INFORMATION

#### BENEFICIARY:

Name \_\_\_\_\_ 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

To name additional beneficiaries, call toll free 1-800-637-4636.

x

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

NEA Members Insurance Trust

**nea**  
NATIONAL EDUCATION ASSOCIATION

\* Active, Staff, Reserve, and Life members. NEA Retired members, only while acting on Association Business in the capacity of an Association Leader (including NEA Retired activities), are eligible only for the \$50,000 DUES-TAB Accidental Death Insurance Benefit or the \$50,000 DUES-TAB Accidental Dismemberment Insurance Benefit.

\*\* Includes domestic partner

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