

NAME _____
(Last) (First) (Middle Initial)

SCHOOL _____ DATE _____

Subject to the conditions stated below, I hereby apply for membership in the SEA Death Benefit and Emergency (DB/E) Funds.

I designate _____

(Address) _____
as beneficiary to whom the premium shall be paid upon my death. (Provide name/address of contact person if other than designee.)

I name as my secondary beneficiary _____

(Address) _____

I authorize my employer to deduct from my salary \$10.00 for the current year and each membership year thereafter. The deduction will be taken in the November payroll.

I agree that this authorization shall be irrevocable for the current school year and shall be automatically renewed each year thereafter unless written notice of revocation is given by me to the Spokane Education Association by October 5 of any calendar year, and further agree that my revocation shall be effective December 1 of that year in which notice of revocation is given.

Signature of Member _____

Address _____

Home Phone _____ Social Security No. _____

A. ANNUAL FEES \$10.00:

1. The annual fee of \$10.00 shall be deducted from the November payroll. (\$8.00 for the Death Benefit Fund, \$2.00 for the Emergency Fund.) Membership must be maintained in both funds.
2. Membership in the DB/E Funds runs from December 1 through November 30 of the following year.
3. If for some reason the annual fee is not deducted from the member's November payroll and the member did not in writing withdraw from the fund, the member or deceased beneficiary may appeal to the Executive Board and the Economic Services Commission of the Spokane Education Association.

B. DEATH BENEFIT FUND - \$3,000.00:

1. The annual fee is \$8.00 per year. A special assessment of \$3.00 will be made if the fund drops below \$3,500.00.
2. The premium of \$3,000.00 shall be paid to the beneficiary upon appropriate notification of the member's death.
3. In the event of a disaster, where the fund would be exhausted, the Death Benefit Fund shall be divided equally among the beneficiaries of the deceased, and the fund shall cease to exist.

C. EMERGENCY FUND:

1. The annual fee is \$2.00. If the Emergency Fund is exhausted, an assessment of \$2.00 will be made.
2. An emergency application must be made by the DB/F Funds member. This fund covers the member plus his/her immediate (income tax) dependents.
3. This Fund shall be used for hardship circumstances that are beyond the control of the member.

D. OTHER:

1. If a member leaves the employment of the District, membership will cease at the end of the month for which SEA dues have been paid.
2. Retiring members will be covered until their membership expires on November 30.
3. It is the member's responsibility to advise the DB/F Funds Committee through the SEA Office, in writing, of any changes of beneficiary.
4. Funds are governed by the Executive Board and Economic Services Commission of Spokane Education Association.

THIS IS NOT A RECEIPT
KEEP THIS WITH YOUR INSURANCE PAPERS

White Copy - SEA Office



Yellow Copy - Payroll

Pink Copy - Member