

# NEA Complimentary Life® Insurance Beneficiary Registration Form

NEA Complimentary Life® Insurance is an automatic benefit for eligible NEA members. Please help us administer this program by giving us information on your beneficiary and by completing this form in its entirety. **This information will be held in strict confidence.** Thank you.

PLEASE PRINT

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_  
Month Day Year

Select your beneficiary for the NEA Complimentary Life® death benefit:

- (1) ☐ Surviving spouse (at time of death)  
(2) ☐ Surviving children (divided equally)  
(3) ☐ Surviving parents  
(4) ☐ Estate

(5) ☐ Other

Name \_\_\_\_\_

Relationship \_\_\_\_\_

(if selecting partner, provide name of beneficiary and relationship to you.)

I am currently an:

- (1) ☐ Active (2) ☐ Life\* (3) ☐ Reserve (4) ☐ Staff

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

Marital status:

- (1) ☐ Single (2) ☐ Married  
(3) ☐ Separated, Divorced, Widowed

Are you the major wage earner in your household?

- (1) ☐ Yes (2) ☐ No (3) ☐ About the same

Gender:

- (1) ☐ Male (2) ☐ Female

If married, what is the employment status of your spouse?

- (1) ☐ Education employee (6) ☐ Unemployed  
(2) ☐ Other professional (7) ☐ Homemaker  
(3) ☐ Executive (8) ☐ Student  
(4) ☐ White-collar worker (9) ☐ Other  
(5) ☐ Blue-collar worker (10) ☐ Retired

Total family income:

- (1) ☐ \$19,000 or below (5) ☐ \$50-59,999  
(2) ☐ \$20-29,999 (6) ☐ \$60-69,999  
(3) ☐ \$30-39,999 (7) ☐ \$70,000 or above  
(4) ☐ \$40-49,999

Number of children dependent on you for support and their year of birth:

- (1) ☐ 0 (2) ☐ 1 (3) ☐ 2 (4) ☐ 3 (5) ☐ 4 or more

1<sup>st</sup> Child (DOB) \_\_\_\_\_ 3<sup>rd</sup> Child (DOB) \_\_\_\_\_

2<sup>nd</sup> Child (DOB) \_\_\_\_\_ 4<sup>th</sup> Child (DOB) \_\_\_\_\_

Which statement best describes your housing situation?

- (1) ☐ Rent living quarters (4) ☐ Own house  
(2) ☐ Own condominium (5) ☐ Live with relatives  
(3) ☐ Own mobile home (6) ☐ Other

I have been a continuous NEA member since the \_\_\_\_\_ school year.

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

Member's Signature **X** \_\_\_\_\_ Date Signed \_\_\_\_\_

## NEA Complimentary Life® Insurance Benefits

(Formerly known as DUES-TAB®)

**Free coverage for  
eligible members:  
Up to \$50,000 in  
accidental death  
and dismemberment  
insurance and a  
\$150,000 benefit for  
death due to  
homicide while  
actively engaged in  
your occupation.**