

It pays to be a

**MEA** member.

## **Mesquite Education Association**

**Each MISD Employee who joins MEA receives the following benefits:**

- 1. \$10,000.00 Life Insurance Policy\***
- 2. Legislative Action**
- 3. Discounts** for Movie Theater tickets (AMC, Cinemark, Regal, Studio Movie Grill), Six Flags, Hurricane Harbor, Great Wolf Lodge, Hawaiian Falls, Dallas Summer Musicals, Entertainment Passbooks, Dallas Zoo, Dallas Arboretum, local businesses and restaurants.
- 4. Scholarships**
- 5. FREE Admission to all MISD Events** (Athletic, Fine Arts, etc., excluding Varsity Football Games)
- 6. MEA Mailbag and MEA Discount Pages**

**Professional** dues \$10.00/year **Associate** dues \$5.00/year

### **To Enroll:**

Please fill out an MEA Membership form with your Facility Representative (FR), return them to your FR or bring the form, cash or check to the MEA Office located at 2133 North Beltline Road Mesquite, Texas 75150. An MEA card will then be issued. For more information call 972-882-5504 or 5503.

*\*Sub employees and retirees are eligible for MEA membership, but they are not eligible for the \$10,000 basic life policy.*

MISD ID # \_\_\_\_\_

Method of Payment:  Cash/Check # \_\_\_\_\_  Payroll Deduction (due by September 1<sup>st</sup>)

New Membership  Renewal Membership

# Mesquite Education Association

Legal LAST NAME \_\_\_\_\_

Legal FIRST NAME \_\_\_\_\_

MI \_\_\_\_\_

BUILDING: \_\_\_\_\_

Local Dues & Contributions Check the appropriate box:	Benefits MEA has helped attain:
<input type="checkbox"/> Professional dues \$10.00 <input type="checkbox"/> Associate dues \$ 5.00 <input type="checkbox"/> Scholarship fund _____  Total Membership dues and scholarship donations For payroll deduction: _____	Salary benefits above state on all areas. \$10,000 life/ad&d insurance policy paid in full. * Pay for unused sick days at retirement. Professional consultation on benefits. Annual contribution by the district on each employee's medical premium. Pay for extra-curriculum duties. Benefits committee sponsor. Discount tickets to movie theatres, amusement parks and water parks. Discounts at local restaurants and businesses. Computer classes for MISD employees.  *Subs, retirees, interns and residents are not eligible for the life insurance policy.

Would you like to serve as a local officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to serve on local committees? Yes \_\_\_\_\_ No \_\_\_\_\_

## PAYROLL DEDUCTION AUTHORIZATION

I authorize my ISD to deduct membership dues and donations. I further authorize MEA to notify the ISD of changes in the amount of my annual dues and the ISD to deduct the new amounts. If my employment with the ISD ends, I authorize any unpaid balance to be deducted from my final check. This authorization for deductions is effective until I give notice to the ISD that I want to revoke it.

Employee Signature \_\_\_\_\_ ID # \_\_\_\_\_ Date \_\_\_\_\_

## MEA Personnel Directory Information

**Circle** the appropriate #. (Information you would like placed in the MEA Directory)

1. **ALL INFORMATION** in the personnel directory.
2. **NO INFORMATION** in the personnel directory.
3. **NAME ONLY** in the personnel directory.
4. **NAME AND ADDRESS ONLY** in the personnel directory.
5. **NAME AND PHONE NUMBER ONLY** in the personnel directory.

**INFORMATION IS SUBJECT TO THE PUBLIC INFORMATION ACT**

12/14/16 Revised

**Name and address changes or corrections** cannot be made by the use of this form.

To make changes complete an **EMPLOYEE STATUS CHANGE FORM**, available from campus secretary, and send to **Personnel**.

# BENEFICIARY for LIFE COVERAGE

with

## MESQUITE EDUCATION ASSOCIATION

\_\_\_\_\_ New Membership  
\_\_\_\_\_ Change of Beneficiary  
\_\_\_\_\_ Change of Name / **FORMER NAME REQUIRED** \_\_\_\_\_

**THIS FORM AND COVERAGE ARE FOR MEA MEMBERS ONLY.**

LEGAL Last Name \_\_\_\_\_ LEGAL First Name \_\_\_\_\_ MI \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### LIFE INSURANCE

**A \$10,000.00 life insurance policy is provided with this membership (subs and retirees not eligible for the insurance).**

In accordance with the conditions of the Basic Life Insurance and Accidental Death and Dismemberment Insurance (Group Policy #648015-C), I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following: (Do not erase or attempt to make corrections; use a new form.)

#### Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL: 100%**  
In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

#### Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL: 100%**  
If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

### AGREEMENT AND SIGNATURES

To the best of my knowledge and belief, the information provided by me is true and complete. I have read or had read to me the contents of this form. I realize this application will become part of the insurance contract and that any false statements or misrepresentations may result in the loss of coverage provided.

**I understand and agree that any insurance applied for will not take effect unless and until I have met MEA membership requirements. I agree to notify the Mesquite Education Association in a timely manner of any change in beneficiary. Otherwise, I understand the beneficiary listed is the one who will receive the insurance proceeds.**

I also understand that any person, who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

## INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the name of the insured person or owner (employee information), address, location/campus and sign and date the form. DO NOT ERASE OR ATTEMPT TO MAKE CORRECTIONS ON THIS FORM; USE A NEW FORM).
2. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Nonrelative") and percentage of share (all shares must add up to 100%).
3. The owner of the coverage (the employee) should sign and date the form in the spaces provided. Retain a copy for your records.
4. Give the completed form to the Employer (RETURN FORM TO MEA OFFICE).

If you wish to name more beneficiaries than this form provides for, secure an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3 and 3 of 3.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.