

NSEA-Retired Membership Form



Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Email: _____

Date of Birth: ____ / ____ / ____

Date of Retirement: _____
(If Pre-Retired, earliest normal retirement date)

Local Association/School District _____

Membership Acknowledgment:

- I am eligible to receive benefits under a school retiree benefit system and employed for at least 5 years in a position that would have qualified for NSEA membership. Prior NSEA membership is not required to join NSEA-Retired annual or lifetime.

Signature _____

Date _____

Please send this form and your check, payable to NSEA-Retired, or a voided check (if EFT Option) to:

**NSEA-Retired
605 S. 14th Street
Lincoln, NE 68508-2742**

MEMBERSHIP TYPE

PRE-RETIRED LIFETIME:
CERTIFIED TEACHER \$500

RETIRED LIFETIME:
CERTIFIED TEACHER \$500

RETIRED ANNUAL:
CERTIFIED TEACHER \$60

PRE-RETIRED LIFETIME:
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP) \$300

RETIRED LIFETIME:
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP) \$300

RETIRED ANNUAL:
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP) \$46

PAY METHOD

ELECTRONIC FUNDS TRANSFER (EFT) *

CHECK: PAID IN FULL

** EFT payments are deducted on the 20th of the month, October - July. If fewer than five months remain until July, the number and amount of EFT draws will be adjusted accordingly.*