

2022

As part of your **AFSA membership**, you receive the following benefits at no additional cost: \$2 million Educators Professional Liability Coverage, \$25,000 Criminal Defense Coverage, \$15,000 Total Disability Benefit and \$10,000 Accidental Death Benefit. Associate and Retired members are not eligible for all benefits. However, AFSA must have your most current information on file, or you will not qualify for these benefits or you may be denied coverage. You can fill in this form on your computer, print the form to a PDF and email it to: afsa@AFSAadmin.org or you may print it out, fill in and FAX the form to the AFSA National Office: (202) 986-4211 or you can fill it out online at: www.AFSAadmin.org

If you have any questions, call the AFSA National Office at (202) 986-4209 or e-mail afsa@AFSAadmin.org.

Please PRINT your information clearly below.

Salutation: Mr. Mrs. Ms. Ed.D. Ph.D. Other _____ AFSA Local Number: _____
Last Name: _____ First Name: _____ MI: _____
Job Title (or indicate "retired"): _____ # Years as School Administrator: _____
School District: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Fax: _____
Email: _____ Gender: M F
Date of Birth (mm/dd/yyyy): ____/____/____ Social Security Number (Last 4 Digits): _____

Please check all that apply:

- You may use my e-mail address to send me notices/information from the AFSA National Office and affiliates.
- You may use my e-mail address to send me notices/information from AFSA's group benefit providers.
- You may use my e-mail address to send me notices/information from organizations to which I am a member as part of my AFSA membership.

Accidental Death Beneficiary Information:

Last Name: _____ First Name: _____ MI: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Relationship to Self: _____ Social Security Number (Last 4 Digits): _____

(If you have more than one beneficiary, then attach a sheet with the above information as well as the percentage of the benefit that each beneficiary should receive. Be sure to sign and date the attached sheet.)

Your Authorization:

AFSA Member Signature: _____ Date: _____

*For complete description of benefits, visit: www.AFSAadmin.org

Note: benefits are subject to specific terms and conditions and are subject to change without notice.