
OEA-RETIRED MEMBERSHIP APPLICATION

Name

Address

City

State

Zip

Phone: (____) _____

Emailed: _____

Date of Birth: ____/____/____

Date of Retirement: _____

(If Pre-Retirement, earliest normal retirement date)

Omaha Public Schools

Membership Acknowledgement:

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.

MEMBERSHIP TYPE

PRE-RETIRED LIFETIME: \$600
CERTIFIED TEACHER

RETIRED LIFETIME: \$600
CERTIFIED TEACHER

RETIRED ANNUAL: \$70
CERTIFIED TEACHER

PRE-RETIRED LIFETIME: \$400
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP)

RETIRED LIFETIME: \$400
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP)

RETIRED ANNUAL: \$56
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP)

PAY METHOD

ELECTRONIC FUNDS TRANSFER (EFT)*

CHECK: PAID IN FULL

*EFT payments are deducted on 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.

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