
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 TYPE

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | PRE-RETIRED LIFETIME:
CERTIFIED TEACHER | \$600 |
| <input type="checkbox"/> | RETIRED LIFETIME:
CERTIFIED TEACHER | \$600 |
| <input type="checkbox"/> | RETIRED ANNUAL:
CERTIFIED TEACHER | \$70 |
| <input type="checkbox"/> | PRE-RETIRED LIFETIME:
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP) | \$400 |
| <input type="checkbox"/> | RETIRED LIFETIME:
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP) | \$400 |
| <input type="checkbox"/> | RETIRED ANNUAL:
EDUCATIONAL SUPPORT
PROFESSIONAL (ESP) | \$56 |

Membership Acknowledgement:

<input type="checkbox"/>	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.
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PAY METHOD

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | ELECTRONIC FUNDS TRANSFER (EFT)* |
| <input type="checkbox"/> | 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**