



Combined AFSA Benefits Information Form

As part of your **AFSA membership**, you receive the following benefits at no additional cost: \$1 million Occupational Liability Coverage, \$25,000 Criminal Defense Coverage, \$15,000 Total Disability Benefit and \$10,000 Accidental Death Benefit.

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 may FAX this completed form to the AFSA National Office: (202) 986-4211 or MAIL it to: **AFSA, Dept BEN, 1101 17th ST NW, Suite 408, Washington, DC 20036-4720.**

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:____-____-_____

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: _____

(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.