

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, save the form and email it to: [afsa@AFSAadmin.org](mailto:afsa@AFSAadmin.org) or you may print it out, fill in and FAX this completed form to the AFSA National Office: (202) 986-4211 or MAIL it to: Dept BEN, 1101 17th ST NW, Suite 408, Washington, DC 20036.

If you have any questions, call the AFSA National Office at (202) 986-4209 or e-mail [afsa@AFSAadmin.org](mailto: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](http://www.AFSAadmin.org)

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