

2019-2020 ISEA/NEA Early Enrollment Plan

As a participant in the (local association) _____ / Iowa State Education Association / National Education Association Early Enrollment Membership Incentive Plan, I am eligible to receive prior to September 1, 2019 (but in no event before April 1, 2019), benefits under the NEA Educators Employment Liability (EEL) Program, an ISEA/NEA Membership Card, and access to the following NEA Member Benefits programs:

- NEA Accidental Death and Dismemberment Insurance Program
- NEA Automobile and Homeowners Insurance Program
- NEA Car Rental Plan
- NEA Credit Card Program
- NEA Magazine Services
- NEA Term Life Insurance Program

As a condition of eligibility for these benefits, I agree to pay the appropriate unified Active membership dues for the 2019-2020 membership year in accordance with established payment procedures. Should I fail to do so, my eligibility to receive benefits under the NEA EEL Program shall immediately terminate. In addition, I shall become liable for the cost of any benefits that were provided to me under the NEA EEL Program prior to September 1, 2019.

Signature: _____ Date: _____



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