CSEA MEMBERSHIP APPLICATION

CSEA, Local 1000 AFSCME, AFL-CIO
143 Washington Avenue, Albany, New York 12210

Return application by mail using the attached envelope, fax to 518-465-2382, fill out online at cseany.org/join or scan and email to: SCANAPP@CSEAINC.ORG

I hereby authorize the Civil Service Employees Association, Inc. (CSEA), Local 1000 AFSCME, AFL-CIO, to be my exclusive representative for collective bargaining and therefore revoke any other representative that I may have previously designated. I also hereby authorize the fiscal or payroll officer of my employer to deduct CSEA dues from my salary in the amount certified by CSEA in this and succeeding years of my employment and membership.

Dues, contributions or gifts to CSEA are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses. I may revoke this authorization by sending a letter stating my intent to resign, along with my name, address, telephone number, CSEA ID number and signature, by United States Postal Service First Class Mail, to: CSEA Statewide Secretary, Civil Service Employees Association, Inc., 143 Washington Ave., Albany, N.Y. 12210.

CSEA USE ONLY

1/2022

☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

Please Print Clearly and Complete All Fields

First Name _____ MI _____ Last Name _____ Date of Birth (MM/DD/YYYY) _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Personal Email _____ Social Security # _____

Employer _____ CSEA Local/Unit # _____

Work Address _____
Street _____ City _____ State _____ Zip _____

Job Title _____ Job Type: ☐ Full-time ☐ Part-time ☐ Seasonal
Pay Type: ☐ Salaried ☐ Hourly

NYS ID# or Employer ID# _____ Annual Salary/Hourly Rate _____

☐ Check if You are a Veteran

Signature: _____ **Date:** _____

I hereby consent to receive calls (including recorded or autodialed calls or texts) at my cell phone number from CSEA and its affiliated labor organizations on any subject matter. You may modify your preferences by calling CSEA at 1-800-342-4146 or visiting cseany.org. If you wish to opt out of receiving such calls or texts now, you may check this box: ☐

MetLife CSEA

Accidental Death (AD) Beneficiary Form

Customer Number TS05050044-G

Group Policyholder Name: Civil Service Employees Association, Inc.

SCAN ME

SECTION I – Insured Information

First Name | M. | Last Name

Address – Street | Non-Work Email | Date of Birth

City | State | Zip | Non-Work Phone Number

Job Title | Employer | SSN

Annual Salary/Hourly Rate | NYS ID # or Employee ID# | CSEA Local/Unit #

Work Address | Full Time | Part Time

SECTION II – Beneficiary Information

Complete the section that pertains to the type of beneficiary you are designating.

PRIMARY BENEFICIARY - Your first choice to receive your life insurance proceeds in the event of your accidental death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First Name | M. | Last Name | Date of Birth

Address – Street | Phone Number

City | State | Zip | SSN

Relationship to Member | % Share

You **MUST** designate at least one primary beneficiary. **A person may only be listed once.** The sum **MUST equal 100%.** Dollar amounts, fractions & decimals will not be accepted.

CONTINGENT BENEFICIARY - Your second choice to receive your life insurance proceeds if ALL your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First Name | M. | Last Name | Date of Birth

Address – Street | Phone Number

City | State | Zip | SSN

Relationship to Member | % Share

The sum of the Primary & Contingent Beneficiary percentages **MUST each equal 100%.** Dollar amounts, fractions & decimals will not be accepted.

If you need more space for additional beneficiaries, use the back of this form. For living trust or estate, visit cseainsurance.com/Products-Forms/Term-Life to download the full form and submit to CSEA, Inc., ATTN: Insurance Dept., 143 Washington Ave., Albany, NY 12210.

SECTION III – Signature & Attestation

I hereby authorize the Civil Service Employees Association, Inc. (CSEA), Local 1000 AFSCME, AFL-CIO, to be my exclusive representative for collective bargaining and therefore revoke any other representative that I may have previously designated. I also hereby authorize the fiscal or payroll officer of my employer to deduct CSEA dues from my salary in the amount certified by CSEA in this and succeeding years of my employment and membership. Dues, contributions, or gifts to CSEA are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses.

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I hereby revoke any previous beneficiary designations, and I designate the person, people, or entity named in Section II as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

I acknowledge that I am a Member in good standing, which entitles me to this $10,000 AD policy.

Member Name (Please print) | **Member Signature**

Date (Must be date form was completed) _____

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