

## Application For **Pre-Retired** Membership NEA-R/NSEA-R/LEA-R

Please enroll me as a pre-retired, unified member of the NEA-R/NSEA-R/LEA-R retired teacher groups as indicated below:

Name:		
Building:		
Home Address:		
City:	State:	Zip:
Birth Date:		
Social Security Number:		
Telephone Number:		
E-Mail Address:		

**(Please "X" one of the options.)**

<p><b>OPTION 1: (Payroll Deduction Plan)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NEA-R</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>NSEA-R</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>LEA-R</td> <td style="text-align: right;"><u>\$100</u></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$500</td> </tr> </table> <p><b>**\$500 divided by the number of months left in the school year**</b> (Please read the payroll deduction authorization language below.)</p>	NEA-R	\$200	NSEA-R	\$200	LEA-R	<u>\$100</u>	Total	\$500	<p><b>OPTION 2: (Cash Plan)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NEA-R</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>NSEA-R</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>LEA-R</td> <td style="text-align: right;"><u>\$100</u></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$500</td> </tr> </table> <p><b>**One time payment of \$500 due by August 1<sup>st</sup>.</b></p>	NEA-R	\$200	NSEA-R	\$200	LEA-R	<u>\$100</u>	Total	\$500
NEA-R	\$200																
NSEA-R	\$200																
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LEA-R	<u>\$100</u>																
Total	\$500																

**PAYROLL DEDUCTION AUTHORIZATION** (This authorization only pertains to you if you chose "Option 1".)

Pursuant to 79-12, 102 of Nebraska Statutes, the undersigned teacher hereby authorizes and directs the School District of Lincoln to withhold from wages to be paid to the Lincoln Education Association the Deductible Sum determined as herein provided.

The Lincoln Education Association, a professional organization of which the undersigned is a member, will certify to the School District - Employer, the Deductible Sum which shall be deducted from wage payments. The Deductible Sum shall be deducted rateably from each payroll check issued by the School District - Employer following receipt of certification of the Deductible Sum for the contract year, provided however, any portion of the Deductible Sum which remains unpaid shall be deducted from the last payroll check issued for the contract year.

I elect to pay my pre-retirement dues by PAYROLL \_\_\_\_\_ CASH \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return application to:**  
LEA Office  
4920 Normal Blvd.  
Lincoln, NE 68506

**Make checks payable to:**  
Lincoln Education Association

For Office Use Only

NEA-R Code \_\_\_\_\_  
NSEA-R Code \_\_\_\_\_  
LEA-R Code \_\_\_\_\_

Date Received Application:  
Month Started Payroll Deduction:  
or Date Received Check/Cash: