

2022-2023

New Member Application for Active Membership in Education Minnesota

An affiliate of the American Federation of Teachers, the National Education Association and AFL-CIO.

Thank you for becoming a member of Education Minnesota!
Working in a union gives educators the power to make
meaningful improvements for students, our profession, public
education and our communities.

You are now one of nearly 90,000 educators coming together
as Education Minnesota. From preservice teachers who are
studying to enter the profession to retired educators who
still work in union to support colleagues, your union spans
generations in academic settings.

Again, thank you for choosing union and becoming a part
of the Education Minnesota family!

Together,



Denise Specht
President, Education Minnesota



A Union of Professionals



Great Public Schools for Every Student



**THE VOICE FOR PROFESSIONAL
EDUCATORS AND STUDENTS**

Benefits and services for members!

Maximize hard-earned dollars

We believe educators deserve more and continually look for ways to help you maximize your hard-earned dollars. With the newly enhanced PerksConnect program, there are more ways to save, regardless of your ZIP code.

Zebit

- Shop millions of products including electronics, furniture, appliances and more.
- Pay over time, interest free.

<https://zebit.com/edmn>

PerksConnect Online Shopping

- Explore the enhanced PerksConnect discount program.

edmn.perksconnection.com

Click on: "Activate Your Account Now."

Use group code EDMN12

Plan for today and the future

For many, budgeting is a monthly struggle and planning for retirement seems unrealistic. A variety of programs will work with you and your unique situation so you can plan for today, as well as the future.

Financial/Retirement Planning

- Personal financial review, pension planning and asset management with a local advisor.
- Free financial and retirement seminars for members.

www.efsadvisors.com

763-689-9023

Toll-free: 877-403-2374

Mortgage/Loan Services

- Purchase, refinance, new construction and home equity.

www.mneducatorshomes.com

info@mneducatorshomes.com

952-252-4490

Credit Card

- Earn rewards with every purchase.
- Choose a card that earns cash back with the Education Minnesota Customized Cash Rewards Credit Card.

www.neamb.com/connect

For information about rates, fees, other costs and benefits associated with the use of this credit card, visit the website listed above. This credit card program is issued and administered by Bank of America, N.A.

Protect yourself and your loved ones

From aspiring educators to retirees, protecting yourself and loved ones can provide peace of mind. Our benefit partners will work with you to make sure your protection level is appropriate and affordable.

Auto and Home/Renters Insurance

- Special savings on auto, home, condo and renters insurance. Call or go online for a free quote today.

Liberty Mutual: 952-229-5692

Darlene.VonArx@libertymutual.com

Cole.jensen@libertymutual.com

Travelers: 888-695-4640

travelers.com/educationminnesota

Medicare and Health Insurance

- Provides members with health insurance advice, education and expertise including Medicare options.

www.schatzbenefits.com

612-428-0132

Long-Term Care Insurance

- Protect your savings and assets; special discounts for members and families.

www.educatorsltc.com

763-689-9023

Link to short webinar to learn more:

www.educatorsltc.com/ondemand

Elder Care Concierge

- Free Elder Care Concierge including finding best-fit, reliable resources.
- Assistance with short- or long-term care and wellness support.

<https://edmn.lifespark.com>

952-345-3317

No cost member benefits

Identity Theft Recovery Plan

- No cost recovery plan for active and retired members, paid for by ESI.
- Register at www.educationminnesota.securusid.com.

NEA Life Insurance

- \$15,000 one year no cost life insurance for new members.
- \$1,000 NEA Complimentary Life Insurance for all active members.
- Designate your beneficiary and more at www.neamb.com.

AFT Life Insurance

- \$5,000 for new members, no premium payment required.
- Complete beneficiary form at the back of the membership packet.
- For details and additional products visit www.aftbenefits.org.

Paid for by ESI, not by dues. ESI is self-supporting; revenues provide benefits, service and consumer education for members.

41 Sherburne Ave., St. Paul, MN 55103
651-292-4856 800-642-4624 Fax 651-292-4815
esi.educationminnesota.org esi@edmn.org

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ESI
Member Benefits

2022-2023 New Member Application for Active Membership in Education Minnesota

IMS ID _____

Local # _____

Local Name _____

Personal information (please print)

First Name _____

Prefer to be called _____

Middle Name _____

Former Last Name _____

Last Name _____

The last 4 digits of your Social Security Number _____

Date of Birth _____

Ethnicity American Indian/Alaska Native Black
 Hispanic Caucasian (not of Spanish Origin) Asian
 Native Hawaiian/Pacific Islander Multi-Ethnic
 Other Unknown

Gender identification Female Male Other
 Transgender Female Transgender Male
 Gender Expansive/Non-Conforming

Street Address _____

Apt/Suite _____

City _____ State _____

ZIP _____ Country _____

Enter at least one email address Note: we prefer to use personal email.

I prefer Personal email _____

Work email _____

Enter at least one phone number

I prefer Home Phone _____

Mobile Phone _____

Receive SMS/Text Messages

By selecting Receive Texts, I understand that NEA, its state and local affiliates, NEA Member Benefits and NEA360 may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. These groups will never charge for text message alerts. Text STOP in reply to any text message to stop receiving text from the entity that sent the message. Or reply HELP for more information. Carrier message and data rates may apply.

Workplace information (please print)

Employer/district name _____

Work location name _____

Position code* _____ Primary subject code* _____

Employment start date in this local _____

*For position and subject codes, please see back page.

Employee # _____

New educator Last district of employment _____

Select a membership category and level

Certified Active Professional/Teacher/Faculty

Education Support Professional

Annual FTE Hours Worked

Annual Gross

- Teach greater than 90% to 100%
- Teach greater than 75% to 90%
- Teach greater than 65% to 75%
- Teach greater than 50% to 65%
- Teach greater than 40% to 50%
- Teach greater than 25% to 40%
- Teach 25% or less and earning \$6,751 and over annually
- Teach 25% or less and earning under \$6,751 annually

- Earning \$41,544 and over
- Earning \$31,158 to \$41,543
- Earning \$20,772 to \$31,157
- Earning \$9,140 to \$20,771
- Earning \$4,154 to \$9,139
- Earning under \$4,154

In order for your membership to be processed, you must initial all boxes and sign and date at the bottom.

Dues and contributions (completed by local)

National dues _____

State dues _____

Intermediate organization dues _____

Local dues _____

Total _____

Authorization and disclaimers

Membership consent



Yes, I want to join with my fellow employees and become a member of _____

(hereafter, "my local"), Education Minnesota, the National Education Association and American Federation of Teachers. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all four associations.

Payment method and summary

Payroll deduction



Membership dues, fees and assessments and any voluntary contributions for the school year ending Aug. 31, 2023, total _____ and will be deducted from your paychecks throughout the school year.

Authorization



I authorize my employer to deduct and remit to my local from my pay in each pay period a pro-rata portion of the annual dues, fees and assessments required for membership in my local, Education Minnesota, the National Education Association and American Federation of Teachers, the current rates for which are listed on this application. I fully understand that the annual dues required for membership in the four associations are subject to periodic change by the governing bodies of the associations and authorize my local to deduct any modified monthly dues, fees and assessments established by those governing bodies unless my obligation to do so ends under one of the circumstances set forth below. This authorization continues from year-to-year, regardless of my membership in the union, unless: (a) I revoke it by submitting written notice to the local union during the thirty-day period that begins on Sept. 1 and ends on Sept. 30, in which case my revocation will take effect on Oct. 1 in the year in which I submit the notice; or (b) my employment with my current employer ends. If any provision of this agreement is determined to be unlawful or invalid, the remaining provisions will remain in effect.

Contributions disclaimer

Political Action Committee (PAC): Your dues include \$25 per year for the Education Minnesota PAC. The PAC uses these contributions to fund political action efforts to strengthen the collective voice of educators in public policy making. A request for a refund of the Education Minnesota Political Action Committee contribution will not affect membership rights or benefits. Only United States citizens should contribute to the Education Minnesota Political Action Committee.

Foundation for Excellence in Teaching & Learning: Your dues include \$5 per year toward the Education Minnesota Foundation. The foundation uses these contributions to fund member grants as well as workshops that support and promote access to learning and excellence in teaching.

Members desiring a refund from either the PAC or the foundation must mail, email or hand deliver a signed original refund request form specifying the member's refund request within 30 days of submitting this membership application form. Refund requests must be resubmitted annually no later than Oct. 31. Members can request the form by calling 800-652-9073.

Tax deduction disclosure

Dues, including contributions to the PAC and Education Minnesota Foundation, are not tax deductible as charitable contributions. The annual dues rate will apply unless you join midyear, in which case your dues will be prorated for that membership year.

Voluntary and legally binding agreement



I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.



I UNDERSTAND THAT INITIALING A BOX CONSTITUTES A LEGAL SIGNATURE CONFIRMING MY UNDERSTANDING AND AGREEMENT TO THE ABOVE.

Applicant Signature: _____

Date: _____

Membership Codes

Position Codes

Education Support Professionals (ESP) Positions

Bookkeeper/Payroll.....	.BKPR
Building and Grounds.....	.BGMR
Bus/Truck/Van Driver.....	.BTVD
Childcare.....	.CHLD
Clerk Admin./Office Assistant.....	.CAOA
Coach.....	.COCH
Computer Technician.....	.COPR
Crossing Guard.....	.CRGU
Custodian/Maintenance.....	.CUST
Education Assistant/Classroom.....	.PISU
Food Services/Cook/Lunchroom.....	.FDSV
Health/Student Services.....	.HLTH
Library Assistant.....	.LIAS
Licensed Practical Nurse.....	.LPNU
Mechanic.....	.MECH
Other.....	.OTHR
Paraeducator (Instr./Non-Instr.).....	.PAED
Plumber/HVAC.....	.HVAC
Preschool Assistant.....	.PRCG
Receptionist/Phone Operator.....	.RCOP
School Secretary/Office Manager.....	.SEST
Security Services.....	.SCSR
Special Education Assistant.....	.SEDA
Trades and Crafts.....	.TCMO

Subject Codes

Adult Basic Education (ABE).....	.ADED
Agriculture and Natural Resources.....	.AGNR
Art.....	.ARTS
Bilingual Education.....	.BIED
Business Education.....	.BSED
Computer Science and Info Technology.....	.CICS
Drivers Education.....	.DRED
Early Childhood Family Education.....	.ECDE
Elementary Education.....	.ELED
English as a Second Language.....	.ENSL
English/Language Arts.....	.ELAR
Family and Consumer Science.....	.FCSC
Gifted and Talented.....	.GTAL
Hearing Impaired.....	.SHIM
Industrial Arts.....	.JNAR

Teacher Positions

Counselor.....	.CNSL
Curriculum Specialist.....	.CRSP
Librarian/Media Specialist.....	.LIBR
Literacy Coach.....	.LITC
Non-Licensed Specialist.....	.SCSR
Occupational Therapist.....	.OCCT
Other.....	.OTHR
Physical Therapist.....	.PHTH
Psychologist.....	.PSYC
Registered School Nurse.....	.RGNU
School Readiness Pre-K.....	.SCOT
School Social Worker.....	.SCWK
Speech/Hearing Specialist.....	.SHTH
Teacher, Adult/ABE.....	.ADED
Teacher, Classroom.....	.CLTR
Teacher, ECFE.....	.ECFE
Teacher, Home Bound.....	.TUTR
Teacher, Online Educator.....	.WEBT
Teacher, Reading Specialist.....	.READ
Teacher, Special Assignment (TOSA).....	.JNSP
Teacher, Special/Developmental Education.....	.SDSP
Tier 1 License Holder.....	.COOR

Mathematics.....	.MATH
Music.....	.MUSI
Other.....	.OTHR
Physical Education and/or Health Education.....	.HEPE
Reading.....	.READ
Science.....	.SCIG
Social Studies/Social Sciences.....	.SSSS
Special Education.....	.SDED
Special Education, Early Childhood.....	.SDEC
Speech.....	.SPDR
Title One.....	.BSRE
Visually Impaired.....	.VIIM
Vocational and Technical Education.....	.VTED
Work Experience.....	.WEXP
World Language.....	.FLLI



A Union of Professionals

AFT + Member Benefits

A special benefit to you as a recent AFT member – \$5,000² Life Insurance with no premium payment required¹

MEMBER'S PERSONAL INFORMATION – All sections must be completed

Form with fields for Member's Name, Social Security No., Gender, Birth Date, Street Address, City, State, Zip Code, E-Mail Address, Home Phone No., Cell Phone No., checkboxes for membership status, Beneficiary's Name, Relationship to Member, and a declaration of insurance election.

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AFT INFORMATION – All sections must be completed

Form with fields for AFT Local Union Name, AFT Local Union No., and AFT Membership Date.

You must complete, sign and return this form in order to become insured for the \$5,000 of Group Term Life Insurance being offered here. In no event will you be eligible for this coverage beyond 12 months from your AFT membership date.

I hereby certify that all statements and answers in this form are full, complete, and true to the best of my knowledge and belief. I understand that to be eligible for coverage I must be a new AFT member, actively working, and not currently insured under the Group Term Life Insurance plan for AFT members.

Any person who knowingly and with intent to defraud any insurance company or any other person files an AFT application for insurance or a statement of claim containing any materially false information or conceals, for that purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such a person to criminal and civil penalties.

1 A portion of the premium collected from the AFT Insurance program's contributory policies is allocated to fund the premium for the Policyholder's Basic Life Insurance Program.

2 The \$5,000 Coverage will be reduced by 50% at age 65 and by 75% at age 70.

3 By providing your email address you agree to receive information about special discounts and products available through our benefit program. You may opt out at any time. Your information will not be sold.

MEMBER SIGNATURE: X _____ DATE (MM/DD/YYYY): _____

In order to make the coverage effective, all the information requested above must be completed.

The American Federation of Teachers provides this Group Term Life Insurance for one year as a benefit of your AFT membership.

For questions: Call toll-free 888-423-8700, visit www.aftbenefits.org

N43450. 45248. B3025. 100516.

Insured by Metropolitan Life Insurance Company, New York, NY. Administered by A.G.I.A., Inc., Phoenix, AZ.

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