



A Union of Professionals

AFT +  
Member Benefits

**MetLife**<sup>®</sup>

Metropolitan Life Insurance Company, New York, NY

**A special benefit to you as a new AFT member - \$10,000 No-Cost Life Insurance**  
Application for Group Term Life Insurance

Underwritten by: Metropolitan Life Insurance Company, New York, NY

**MEMBER'S PERSONAL INFORMATION –All sections must be completed.**

Member's Name	Social Security No.	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
Street Address	City	State	Zip Code
E-Mail Address	Home Phone No.	Cell Phone No.	
<input type="checkbox"/> I am a new member within the past 12 months <input type="checkbox"/> I am actively at work (Retirees are not eligible)			
Beneficiary's Name	Relationship to Member		
<input type="checkbox"/> Yes, I elect \$10,000 of Group Term Life Insurance which is available to me at no cost for one full year as a new AFT member. I want to be covered under the group plan for the benefits which I am or may become eligible for, as requested below.			

**AFT INFORMATION - All sections must be completed.**

AFT Local Union Name	AFT Local Union No.	AFT Membership Date
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**You must complete, sign and return this form and it must be received within ninety days of the date that you become a new member of AFT or become aware of this program by receipt of a new member activation package in order to become insured for \$10,000 of Group Term Life Insurance for one year at no cost to you. In no event will you be eligible for this non-contributory coverage beyond 12 months from your date of membership. The premiums for this insurance are being paid by AFT only for one year from the effective 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. I understand that my coverage will become effective on the first day of the month following the date this application is signed.

**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 the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

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

The American Federation of Teachers provides this No-Cost Group Term Life Insurance for one year as a benefit to your AFT membership.

**For questions: Call toll-free 888/423-8700, visit [www.aftbenefits.org](http://www.aftbenefits.org) or e-mail us at: [info@aftbenefits.org](mailto:info@aftbenefits.org).**

Insured and administered by Metropolitan Life Insurance Company, New York, NY.

**Please return application to the USI Affinity, Voluntary Benefits Coordinator ~ P.O. Box 505 ~ Matawan, NJ 07747-9942**



# ADJUNCT FACULTY UNITED AFT/CFT

305 N. Harbor Blvd., Suite 313, Fullerton, CA 92832  
(714) 526-5759 fax (714) 526-5337 union@adfajunited.org

Dear New Member:

Our parent organization, the American Federation of Teachers (AFT), mandates that we now use the AFT Membership Form, especially for insurance purposes. Since the AFT form does not ask for or give some information that we consider to be vitally important, we have included this page for you to complete together with the AFT form.

Thank you for your cooperation.

Sam Russo, President  
Adjunct Faculty United

Name \_\_\_\_\_ (please print)

**I TEACH AT** (check ONE only):

\_\_\_\_ SCE Location \_\_\_\_\_ Subject \_\_\_\_\_

\_\_\_\_ Fullerton (credit only) Division \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_ Cypress (credit only) Division \_\_\_\_\_ Department \_\_\_\_\_

PAYROLL DEDUCTION AMOUNT: FULLERTON & CYPRESS COLLEGES (Credit Only) \$27.90 per pay period  
SCHOOL OF CONTINUING EDUCATION \$23.40 per pay period

**North Orange County Community College District** PAYROLL DEDUCTION Pursuant to Education Code 87833 and Government Code 35431(d), North Orange County Community College District is hereby authorized and directed to deduct from each of my regular salary warrants the amount indicated above and transmit these deductions to Adjunct Faculty United without further liability to NOCCCD. Said amount may be increased or decreased by Adjunct Faculty United without additional authorization from me. The authorization remains in effect from year to year unless revoked by me in writing.

E-mail: Home \_\_\_\_\_ School \_\_\_\_\_

Message/Cell #: \_\_\_\_\_

**I'M INTERESTED IN HELPING WITH** (check as many choices as possible): \_\_\_\_\_ Coordinating Volunteers,  
\_\_\_\_\_ Membership Committee, \_\_\_\_\_ Newsletter Writing/Editing, \_\_\_\_\_ Phone Trees, \_\_\_\_\_ Mailing Help,  
\_\_\_\_\_ Political Committee, \_\_\_\_\_ Social Event Committee, \_\_\_\_\_ Campus Representative, \_\_\_\_\_ Web Site