

NYSUT offers two categories of **Associate Membership: Friend of Education** and **Continuing NYSUT Member Benefits Coverage**. NYSUT formed these categories for the principal purpose of furthering its mission and objectives.

All NYSUT Associate Members in both categories:

- Are covered by Accidental Death and Dismemberment (AD&D) insurance up to \$1,500 (and Travel AD&D up to \$3,000).
- May choose to receive a subscription to *NYSUT United*, NYSUT's official publication. This publication covers professional development, legislation, health issues, activities of members, legal news, opinions, letters, NYSUT policies and information about Member Benefits-endorsed programs and services.
- Are eligible to enroll in courses through the NYSUT Education Learning Trust.
- Do not have voting rights.

**Associate Member - Friend of Education:** This category is open to those individuals who are friends of education. Membership in this category does not qualify you for participation in NYSUT Member Benefits-endorsed programs.

If you have benefits through the National Education Association (NEA), you need to enroll in this category to maintain those purchased benefits.

**Associate Member - Continuing NYSUT Member Benefits Coverage:** NYSUT membership is required to participate in Member Benefits-endorsed programs (other than Long-Term Care or WrapPlan II, which do not require continued membership). This category is open to those individuals who are currently covered by one or more Member Benefits-endorsed program(s) and wish to continue participation and have no other means of maintaining NYSUT membership.

This category is also open to a surviving spouse, former spouse, or certified domestic partner of a NYSUT member who is covered by the member's plan(s). Dependents who are no longer eligible under a member's plan due to aging out can also apply.

Once you are an Associate Member in this category, you will be able to renew your membership for continued access to programs, regardless of continued participation in endorsed programs. However, should your participation in the endorsed programs and your Associate Membership lapse, you will not be eligible to re-enroll.

**Please note that Associate Members are not eligible to apply for or continue the Catastrophe Major Medical Plan, Disability Insurance and the Purchasing Power Member Shopping Program.**

For information on programs endorsed by NYSUT Member Benefits, please call 800-626-8101 or visit [memberbenefits.nysut.org](http://memberbenefits.nysut.org).

For information on NYSUT Associate Membership, call NYSUT Member Records at 800-342-9810.

If your address has changed, please call NYSUT Member Records at 800-342-9810 to update your records.

The fee paid for NYSUT Associate Membership dues is not deductible as a charitable contribution for Federal Income Tax purposes. The fee paid, however, may qualify as a business expense and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

NOTE: Members of local associations that have disaffiliated from NYSUT, members who have withdrawn their membership and former UUP Fee Payers are not eligible for Associate Membership in either category. Members of these groups will not be allowed to continue participation in Member Benefits-endorsed programs. NYSUT reserves the right to recognize other circumstances that would render individuals ineligible for Associate Member status.

**NYSUT Associate Membership  
Application Form**

I am applying for Associate Membership for the following reason:

- No longer in Union/Local – please provide NYSUT ID Number \_\_\_\_\_
- Surviving Spouse (Date of Member's Death): \_\_\_\_\_
- Divorced from Member (Date of Divorce): \_\_\_\_\_
- No longer eligible as a dependent/aging out
- Other: \_\_\_\_\_

Please Print:

Former NYSUT ID Number \_\_\_\_\_

Full legal name needed for enrollment process:

First \_\_\_\_\_ Initial \_\_\_\_\_

Last \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_

Email \_\_\_\_\_

Current Occupation \_\_\_\_\_

Former Union Affiliation (circle one):

UFT   UUP   PSC   All other NYSUT Locals

Are you applying for membership in order to continue participation in a Member Benefits-endorsed program?

- Yes    No

If yes, list all programs in which you are covered (please indicate if any are NEA programs):  
\_\_\_\_\_  
\_\_\_\_\_

If you are a survivor or dependent aging out, please provide the name and NYSUT ID Number of the member who originally purchased these programs, if other than self.

NYSUT Member Name \_\_\_\_\_

NYSUT Member ID Number \_\_\_\_\_

NYSUT Member Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

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NYSUT Associate Membership  
Application Form

I wish to promote and advance the best interests of schools, colleges and health care institutions of the state of New York, as well as the mission and all other objectives of NYSUT. I hereby apply as an (check one):

- Associate Member - Friend of Education
- Associate Member - Continuing NYSUT Member Benefits Coverage

I would like to enroll for (check term):

- One year .....\$50
- Optional - Include a 1 year *NYSUT United* Subscription: \$20
- Two years .....\$90
- Optional - Include a 2 year *NYSUT United* Subscription: \$35

Total Payment Amount:..... \$ \_\_\_\_\_

While you may join NYSUT as an Associate Member at any time during the year, please be aware that the Associate Membership term coincides with the academic year, from September 1 through August 31. Renewal notices are sent out each year in July. Associate Membership dues are not refundable, transferable or pro-rated.

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

Payment (check one):

- I have enclosed a check or money order payable to NYSUT.

Return to:

NYSUT Member Benefits  
800 Troy-Schenectady Road  
Latham, NY 12110-2455

- I prefer to charge the Associate Membership dues to:

- Visa                       Mastercard
- American Express       Discover

Account No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Please complete the reverse side of this form  
before mailing with payment.**

(over)

2.5M, 8/22, I-117



## Associate Membership



Application Inside

Representing more than  
670,000 professionals in  
education and health care

New York State United Teachers  
Affiliated with AFT • NEA • AFL-CIO