

# Your health insurance benefits may be in jeopardy!

## MEA-Retired

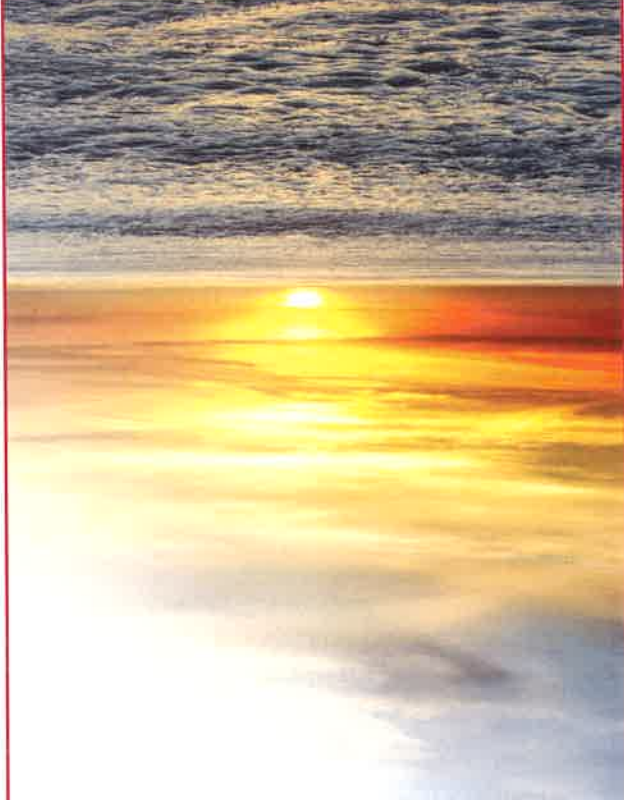
### Mission Statement

*To advocate for the financial security and to protect retirement benefits for current and future Michigan public school employees and to promote a quality public education for all students.*



1216 Kendale Blvd., PO Box 2573  
East Lansing, MI 48826-2573  
800-292-1934 517-332-6551  
52911

## Michigan Education Association Retired



Help protect the benefits that took a lifetime to obtain.  
Join MEA-Retired today.

## What we do

- We actively:**
- Fight for current and future retiree benefits.
  - Inform MEA-Retired members about education and retirement issues through print and electronic media.
  - Work with MEA and NEA lobbyists.
  - Campaign for the "public" in public education.
  - Campaign for pro-public education candidates.

## Websites

- me-retired.org
  - meamatters.org
  - nea.org/retired
  - nea.org
  - facebook.com/mearettired
- Join our email list:**  
<http://tinyurl.com/o9ftras>
- SmartPhone Alerts:**  
 Text MEARETTIRED to 22828



## More information

**Health Coverage:**  
**Blue Cross Blue Shield**  
 800-422-9146  
 bcbsm.com/mpsers

**Blue Care Network**  
 866-966-2583  
 midcn.com/mpsers

**Priority Health**  
 888-389-6648  
 priorityhealth.com/mpsers

**Prescription Drugs:**  
**Optum Rx**  
 855-577-6517  
 optumrx.com

**Vision Service:**  
**EyeMed**  
 866-248-2028  
 eyemed.com/mpsers

**Dental Coverage:**  
**Delta Dental of Michigan**  
 800-345-8756  
 delatentalmi.com/mpsers

**Hearing Service:**  
**TruHearing**  
 800-334-1807  
 truhearing.com/mpsers

**Retirement System:**  
**Office of Retirement Services**  
 800-381-5111  
 michigan.gov/orsschools

**Medicare Information:**  
 800-633-4227  
 medicare.gov

# MEA-Retired Lifetime Membership Application

### Return to: MEA-RETIRED

MEA Membership Dept.  
 1350 Kendale Blvd., PO Box 2573  
 East Lansing, MI 48826-2573

### MEA-RETIRED/MEA-RETIRED

Lifetime Dues—\$500

Affiliated with NEA-Retired

Please print with a ballpoint pen.

*(All Participants, check with MEA membership for your payment status. Contact MEA at 800-292-1934.)*

<input type="checkbox"/> EXISTING (last 4 digits SSN) XXX - XX -	<input type="checkbox"/> NEW MEMBER (FULL SSN) -----	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> DR.	NAME (Last)	NAME (First)
ADDRESS	CITY	COUNTY	STATE / ZIP	EMAIL
Current Position or Date Retired	Employing School District / Retired From	HOME PHONE		

- Cash payment:** Please attach a check in the amount of \$500, payable to **Michigan Education Association-Retired**
- Charge to my**  VISA or  MasterCard

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED: Signature** \_\_\_\_\_

**Date** \_\_\_\_\_