

Your health insurance benefits may be in jeopardy!

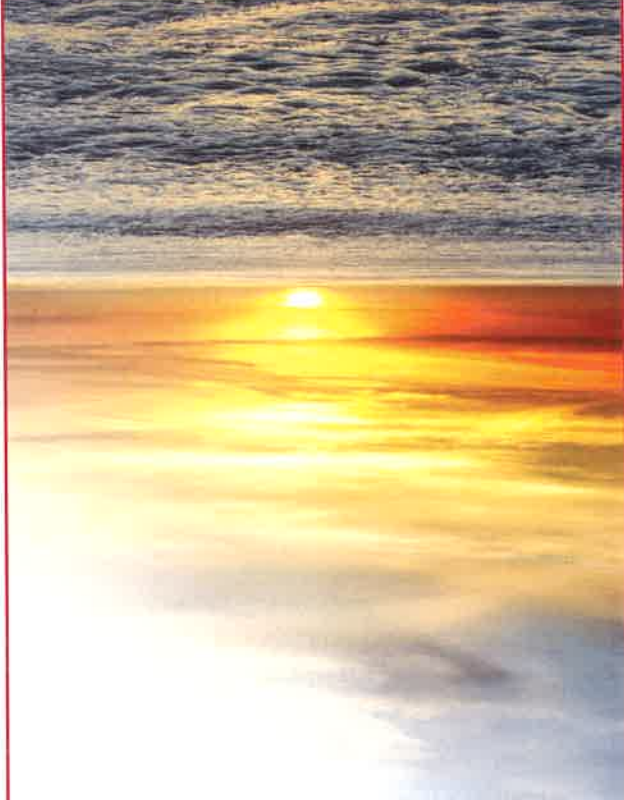
MEA-Retired Mission Statement

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.

MEA-Retired
The Commitment Continues

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.**



SmartPhone Alerts:
Text MEARETIRED to 22828

Join our email list:
<http://tinyurl.com/o9ftras>

- mea-retired.org
- mea.org
- meamatters.org
- nea.org/retired
- nea.org
- facebook.com/mearettired

Websites

- 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.

What we do

We actively:

More information

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

Blue Care Network
866-966-2583
midbcn.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
deltadentalmi.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

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.)

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

<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	STATE / ZIP
Current Position or Date Retired	Employing School District / Retired From		COUNTY	HOME PHONE
				EMAIL

- 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 _____