

Upgrade Enrollment Form

Educators In-Dues Professional Liability

If you have previously upgraded your coverage, please do not mail this form. You will automatically receive a renewal notice.

The Christian Educators Association International now provides \$1 million in protection of Educators Professional Liability coverage to its active or active life, employed (W-2) members. As a current member, you may add an additional benefit by completing this enrollment form and submitting it electronically or by returning it with your check for the appropriate amount.

Please choose one option: _____

Yes, I want to upgrade to \$2 million of coverage.

- \$2 million benefit — covers only your duties as an employed educator — **\$30 annual premium.**
- \$2 million benefit — covers your duties as an employed educator... plus part-time educational activities outside of your normal employment as an educator — **\$75 annual premium.** * Please complete section for part-time coverage.

I want to add part-time coverage to my \$1 million coverage.

Plus part-time coverage for educational activities outside of your normal employment as an educator — **\$50 annual premium.** * Please complete section for part-time coverage.

* For part-time coverage, please complete :

Describe in detail primary duties: _____

Describe in detail part-time duties: _____

Coverage becomes effective the first of the month following receipt of the enrollment form and payment in full.

Name _____ Phone _____
Last First Middle

Address _____
Street City State ZIP

Social Security No. _____ Birth Date _____ Sex M F

E-mail _____

I declare I have read and understand the above-stated offering of increased limits of liability.

I represent that I am not aware of any claims or incidents that could result in a claim being made against me which occurred prior to the date of completion of this form.

Signature Date

Please choose one option: _____

Credit Card Billing

I authorize you to charge my first insurance premium to the following charge card:

MasterCard Visa

Credit Card No.: _____

Expiration Date: _____

Signature: _____

Check Included

Mail Completed Form and Payment To:
CEAI Group Insurance Administrator
Property & Casualty Department
3130 Broadway • P.O. Box 418131
Kansas City, MO 64141-8131

Visit us on the Internet at www.ftj.com/Educ-Proliability