



ASSOCIATED ADMINISTRATORS OF LOS ANGELES

**MEMBER INFORMATION FORM**

Employee Number \_\_\_\_\_

Name \_\_\_\_\_ (Dr., Mr., Mrs., Ms., Miss)  
(Last) (First) (MI.)

Home Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M \_\_\_ F \_\_\_  
Area (Number)

E-Mail Address \_\_\_\_\_

Ethnicity (Check one)

American Indian Asian Black Hispanic White Filipino Pacific Islander Other

Position Title \_\_\_\_\_ Location \_\_\_\_\_

Location Address \_\_\_\_\_ ESC \_\_\_\_\_

Location Phone ( ) \_\_\_\_\_ Ext.( ) Location Fax ( ) \_\_\_\_\_

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

\_\_\_\_\_ I would be pleased to serve on an AALA/District Committee and/or Focus Group during the school year.

\_\_\_\_\_ I do not wish to serve on committees during this school year.

My professional interests are in the following field(s) of:

\_\_\_\_\_  
\_\_\_\_\_

Associated Administrators of Los Angeles

SALARY DEDUCTION AUTHORIZATION FORM

Location \_\_\_\_\_ Position or  
Classification -----

Must be filled in before employee signs:

(Only new members fill in line 1)

1. Initial deduction for this organization- Amount \$ 40.84

2. Increase my deduction for this organization by \$ \_\_\_\_\_

3. Decrease my deduction for this organization by \$ \_\_\_\_\_

May be filled in either before or after employee  
signs:

4. Present deduction \$ \_\_\_\_\_

5. Increase or decrease \$ \_\_\_\_\_

6. New total deduction \$ \_\_\_\_\_

To: LOS ANGELES UNIFIED SCHOOL DISTRICT

You are hereby authorized to make a deduction from my salary twelve times a year, in the total amount indicated, for organization dues or organization dues and insurance premiums, and transmit the deduction to AALA. If an increase or decrease is requested and the new total deduction amount (line 6) is not filled out by me it is understood that the increase or decrease will be added or subtracted by AALA to the deduction amount previously authorized by me to arrive at a new total deduction. It is expressly understood and agreed that dues increases up to a maximum of \$25.00 per year and insurance increases not over 15% per year for the same basic coverage, may be made at the direction of AALA, without execution on my part of a new salary deduction authorization form only if AALA verifies in writing to the District that blanket notification has been made to its membership of such increase and only if AALA agrees to refund any deduction containing the increase if requested by me in writing to AALA within 30 days from the date the first increased deduction is made. I further understand and agree that the Los Angeles Unified School District or its representative acting under this authorization shall not be liable in any manner for failure or delay on its (his) part in making the deduction or payment herein authorized.

This authorization shall remain in force until cancelled by written notice by AALA or myself.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Approved by: (Organization)

Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Mail or fax form. Mail: AALA, 1910 W. Sunset Blvd., Suite 850  
Los Angeles, CA 90026  
Fax: 213.484.0201

# Designation of Beneficiary



Name of Employer: \_\_\_\_\_  
Group Contract No(s): T66BA-33742  
Name of Insured Member: \_\_\_\_\_

## Insured Member's Designation of Beneficiary

Subject to the terms of the above Group Contract(s), between **United of Omaha Life Insurance Company** and said policyholder, I request that the following beneficiary (beneficiaries) be substituted under said contract(s) as my designated beneficiary (beneficiaries), in lieu of any and all beneficiaries previously named by me:

### Primary Beneficiary Designation

Name of Beneficiary (First, MI, Last Name)	Related To Me As	Date of Birth (Mo./Day/Yr.)	Address of Beneficiary (Address, City, State, Zip)	Percentage (%)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Percentage Total:				<b>100%</b>

### Contingent Secondary Beneficiary Designation

Name of Beneficiary (First, MI, Last Name)	Related To Me As	Date of Birth (Mo./Day/Yr.)	Address of Beneficiary (Address, City, State, Zip)	Percentage (%)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Percentage Total:				<b>100%</b>

\*If more than one named, the beneficiaries shall share equally unless otherwise stated above.

Unless otherwise above expressly provided, if any beneficiary listed above designated predeceases me, the share which such beneficiary would have received if such beneficiary had survived me shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if no designated beneficiary survives me, the beneficiary shall be determined as prescribed in said Group Contract(s).

If this Designation of Beneficiary refers only to a Group Life Insurance contract and if I am insured also under a Group Death and Dismemberment insurance contract issued by United of Omaha Life Insurance Company, this designation shall apply to both contracts unless I made a separate designation on or after the date of this designation.

This Designation of Beneficiary is subject to change as provided in said Group Contract(s).

WITNESS \_\_\_\_\_  
Signature of Insured Member \_\_\_\_\_

Date of Insured Member's Signature \_\_\_\_\_

Return original to employer or policy administrator.

## Acknowledgment

The above beneficiary designation has been recorded by policyholder on behalf of insurer. A copy of this designation is being returned for your records.

Date Recorded \_\_\_\_\_  
Signed by Benefits Manager for the Policyholder \_\_\_\_\_

## Instructions

1. If a mistake is made, no erasures or corrections should be attempted, but a new form should be used.
2. If a married woman is to be named, her full given name should be shown — for example: Mary J. Smith, not Mrs. John H. Smith. Likewise, if the card is to be signed by a married woman, she should sign her given name.
3. When two or more beneficiaries are to be named and they are not to share equally, the percentage each beneficiary is to receive should be shown; dollars and cents should not be specified.
4. If there are any questions, you should consult the person handling the group insurance at your policyholder's office.