

Tulsa Teacher and Employee Immediate Assistance Club

TTEIAC is an employee group organized to provide financial assistance to the beneficiary upon the death of a participant. TTEIAC has been providing assistance to participants since 1941. Subject to qualifications, participation is available to full-time employees of Tulsa Public Schools, spouses and unmarried children.

Qualifications to become a Participant:

An individual in good health who is **also**:

A full-time TPS employee not on any type of leave of absence, **or**

A spouse of a TPS employee (employee must be a participant); **or**

An unmarried, dependent child up to and including age 25 (employee must be a participant)

Assistance Upon the Death of a Participant:

An amount equal to \$2.00 times the number of TTEIAC Participants at the time of death is paid to the beneficiary.

Each member is then assessed \$2.00 per participant to reimburse the funds.

Assessments are collected through payroll deduction the month following the death of the participant.

Tulsa Public Schools Authorization for Salary Deduction

To Pay Tulsa Teacher and Employee Immediate Assistance Club (TTEIAC) Assessments

To independent School District Number One, Tulsa County, Oklahoma.

I hereby authorize you to deduct from my salary \$ 2.00 per death of a participant of the Tulsa Teacher and Employee Immediate Assistance Club when certified by the President or Vice President of TTEIAC. I understand that the deduction will occur the pay period following the certification of the death.

I understand that each assessment is \$2.00 per participate. I am paying for the following as indicated:

Employee _____	_____	_____
Name (same as payroll)	Amount	Employee ID #
Spouse _____	_____	
Name	Amount	
Children _____	_____	_____
Number	Amount	Name(s)

Since this deduction is being made solely as an accommodation to me, I hereby agree that the School District shall have no liability in the event of any error, omission or failure, either in connection with the making of said deduction or in connection with the transmittal thereof.

I understand that this authorization will continue from year to year unless cancelled, in writing, by the President and Vice President of the Tulsa Teacher and Employee Immediate Assistance Club.

Signature (must be same as payroll)

Date

Site/Department

INITIAL ENROLLMENT FEE: \$ 4.00 PER PARTICIPANT

PLEASE ATTACH CASH, CHECK, OR MONEY ORDER PAYABLE TO TTEIAC

TULSA TEACHERS AND EMPLOYEE IMMEDIATE ASSISTANCE CLUB

Tulsa Public Schools
Application for Participation

Legal Name of Employee: _____ Employee ID #: _____
 Assignment: _____ Location/Department: _____
 Social Security #: _____ Date of Birth: _____ Age: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Please list additional participants in the space provided below. If additional space is needed please attach on a separate page.

Name of Additional Participant(s)	SSN	DOB	Age	Relation to employee	Address City, State Zip Code	Phone Number

Employee Beneficiary Information: Please list at least one beneficiary. In the event of the death of the additional participant, benefits are paid to the employee participant.

Beneficiary Name	Relation to Participant	Address	City, State Zip	Phone Number

I hereby make application for participation in the Tulsa Teacher and Employee immediate Assistance Club. I agree to abide by the constitution and by-laws of the Club and all amendments that may be made from time to time. I understand that this is not an insurance company, but rather a designated group of employees who have made advance contributions to assist their fellow employees in case of death. Furthermore, I understand that this club does not promise to pay any stipulated amount of benefits. I hereby swear that I have no disease or ailment of a serious nature that prompts me to seek participation, that I am in good health on this date and that the information given above is correct.

_____ Signature of TPS Employee / Date

INITIAL ENROLLMENT FEE: \$ 4.00 PER PARTICIPANT

PLEASE ATTACH CASH, CHECK, OR MONEY ORDER PAYABLE TO TTEIAC

FAVORABLE: _____ UNFAVORABLE: _____ TTEIAC EXECUTIVE BOARD REPORT
 TTEIAC Certificate Number: _____ (Supplied by TTEIAC Secretary)