

MEMBERSHIP APPLICATION



If you are also applying for coverage under the ARTA Benefit Plans, this form is not necessary. Please complete the **Application for Health and Dental Plans**.

(Please print legibly)

NAME	<input type="text"/>	<input type="text"/>	GENDER	<input type="text"/>	<input type="text"/>
	First Name	Last Name		F	M
MAILING ADDRESS	<input type="text"/>				
CITY/TOWN	<input type="text"/>	PROVINCE	<input type="text"/>	POSTAL CODE	<input type="text"/>
PHONE	<input type="text"/>	BIRTH DATE	<input type="text"/>		
EMAIL	<input type="text"/>	Year/Month/Day			

☐ **Regular Member (active or retired teacher):** \$25.00 per year, withdrawn in equal monthly installments

Name of your pension plan:

Previous employer: Retired:
Year/Month

☐ I just retired - *Your first year of membership immediately following your retirement date is free!*

☐ **Affiliate Member — Education Sector:** \$50.00 per year, withdrawn in equal monthly installments

Please check one:

- ☐ Educational Instructor (Universities, Colleges, Technical Institutions)
☐ Support Staff
☐ Other (i.e. Trustee)

Name of your pension plan:

Previous employer: Retired:
Year/Month

☐ **Affiliate Member — Public/Private Sector:** \$50.00 per year, withdrawn in equal monthly installments

Please check one:

- | | | | | | | |
|---|--------------------------------|---------------------------------------|-------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> ACAO | <input type="checkbox"/> ACPA | <input type="checkbox"/> AIA | <input type="checkbox"/> AIC | <input type="checkbox"/> APS | <input type="checkbox"/> ASET | <input type="checkbox"/> ATB |
| <input type="checkbox"/> ATU | <input type="checkbox"/> AUMA | <input type="checkbox"/> Capital Care | <input type="checkbox"/> CFD | <input type="checkbox"/> CHAPA | <input type="checkbox"/> CPA | <input type="checkbox"/> CSU 52 |
| <input type="checkbox"/> CTTAM | <input type="checkbox"/> CUDGC | <input type="checkbox"/> CUPE | <input type="checkbox"/> HBTA | <input type="checkbox"/> HSAA | <input type="checkbox"/> LAPP | <input type="checkbox"/> MEPP |
| <input type="checkbox"/> MLA | <input type="checkbox"/> MNP | <input type="checkbox"/> NEBS | <input type="checkbox"/> PSPP | <input type="checkbox"/> RECA | <input type="checkbox"/> SAFA | <input type="checkbox"/> Servus |
| <input type="checkbox"/> SFPP | <input type="checkbox"/> TPS | <input type="checkbox"/> UNA | <input type="checkbox"/> CPHR | <input type="checkbox"/> Covenant Health | | <input type="checkbox"/> Alberta Doctors |
| <input type="checkbox"/> Judges & Masters in Chambers | | | | | | |

Date of Membership in the above noted association/organization/group:
Year/Month/Day

How did you hear about ARTA?

- | | | |
|--|--|---|
| <input type="checkbox"/> HR Department | <input type="checkbox"/> Teachers' Convention | <input type="checkbox"/> Pre-retirement Seminar |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Website | <input type="checkbox"/> Google/Search |
| <input type="checkbox"/> Friend/Family member (member name) <input type="text"/> | <input type="checkbox"/> Other (please specify) <input type="text"/> | |

- ☐ I hereby apply for ARTA membership.
- ☐ ARTA requires the personal information contained herein in order to provide membership services. It may be necessary for ARTA to disclose some or all of the personal information contained herein to third party service providers for these purposes.
- ☐ Where third party service providers are retained, appropriate contracts are in place to protect personal information.
- ☐ I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use, and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time.
- ☐ I agree to allow the Alberta Retired Teachers' Association to contact me by email regarding ongoing advocacy efforts, monthly ARTAfacts e-newsletter, and any special news and events. I may withdraw my consent at any time using the link at the bottom of the email communications from ARTA.

Signature

Signature of Applicant (original signature – do not type name)

Year/Month/Day

Personal Pre-Authorized Debit Agreement

I authorize the Alberta Retired Teachers' Association (ARTA) to begin monthly automated withdrawals for payment of my ARTA membership fees from the bank account identified. I understand that the following conditions apply:

- a) ARTA may only assign this Personal Pre-authorized Debit Agreement ("PAD Agreement") to the Administrator contracted to administer the ARTA Benefit Plans;
- b) This PAD Agreement and the services described herein are for Personal use;
- c) I will pay the ARTA membership fee amount noted in my approval letter and a monthly statement will not be issued;
- d) I will receive at least 10 days prior notification of changes in the monthly amount payable;
- e) My ARTA membership fees will automatically be withdrawn from my bank account on the 10th of the month. If the 10th falls on a weekend or holiday, the withdrawal will occur on the next business day;
- f) ARTA membership fees are billed in complete months and if I cancel my membership prior to the last day of the month, I will remain responsible for the full month's membership fee;
- g) I will notify the Administrator of any changes to my banking information.

My authorization will remain in effect until there is 30 days written notification of termination from either myself or from ARTA. To obtain a sample cancellation form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution or visit cdnpay.ca.

If the Administrator makes a withdrawal in error or for the incorrect amount, I will notify the Administrator as soon as possible. If the Administrator is aware of an error, the error will be corrected and I will be notified as soon as possible.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit cdnpay.ca.

Automatic Direct Withdrawal

Banking Information

Attach a void cheque marked "withdrawals", direct deposit bank note, or proof of account ownership from your bank.

Attach void cheque here:

PAYOR NAME

First Name

Last Name

RELATIONSHIP TO APPLICANT

(If payor is different from applicant)

DATE

Month/Day/Year

PAYOR ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

Signature

Signature (confirms acceptance of the terms of the PAD agreement; original signature — do not type name)

OFFICE USE ONLY

Amount

Year

Cheque #

Deposit #

The Alberta Retired Teachers' Association (ARTA) was established and registered with the province of Alberta in 1963, and added the ARTA Benefit Plans to its list of services in 1995. From its beginnings, ARTA has been distinct from the Alberta Teachers' Association (ATA) and the Alberta Teachers' Retirement Fund (ATRF), but has maintained very close working relations with both those organizations. With eighteen branches and over 29,000 members in the education, private, and public sectors, ARTA has become an influential body that also cultivates fellowship among its members.

Membership

Regular Membership — Any teacher who has contributed to the ATRF for at least five (5) years, or the surviving spouse of a teacher who would have met this criteria, can become a member.

The annual membership fee for regular members who are not enrolled in the ARTA Benefit Plans is \$25.00 and is payable by pre-authorized debit. It is prorated for the fiscal year (July 1 - June 30). If the member is enrolled in an ARTA Benefit Plan, the membership fee is automatically deducted along with the monthly premium payment and is prorated for the fiscal year (July 1 - June 30).

A complimentary one-year membership is currently offered to new retirees the first year following official retirement from teaching.

Affiliate Membership — Available to approved Public/Private sector groups as well as other education sector groups including active or retired:

- Teachers drawing a government-sponsored pension plan from other Canadian provinces or territories who are living in Alberta at the time of application for membership.
- Full-time educators from other educational institutions such as Alberta universities, colleges, and technical institutes who are vested in an Alberta Government-sponsored pension plan.
- Full-time support staff from school boards, universities, colleges, and technical institutes who are vested in an employer or Alberta Government-sponsored pension plan.

The annual membership fee for affiliate members who are not enrolled in the ARTA Benefit Plans is \$50.00 and is payable by pre-authorized debit. It is prorated for the fiscal year (July 1 - June 30). If the member is enrolled in an ARTA Benefit Plan, the membership fee is automatically deducted along with the monthly premium payment and is prorated for the fiscal year (July 1 - June 30). Additional information regarding all eligible affiliate groups is available at artabenefits.net.

ARTA Membership Advantages

ARTA members receive access to a quarterly magazine (*news&views*), a regular email newsletter (*ARTAfacts*), the ARTA discount program which provides a wide variety of discounts, special rates from ARTA's home and auto insurance partner, life insurance options, and scholarships for family members. The ARTA membership also provides members with the ability to apply for the ARTA Benefit Plans.

ARTA Benefit Plans

ARTA has developed voluntary group benefit plans for all ARTA members. The ARTA Benefit Plans includes Group Extended Health Care coverage with optional Emergency Travel Insurance coverage (including trip interruption/cancellation) and Dental Care.

For continuous coverage, ARTA members should enrol in the ARTA Benefit Plans within 60 days of leaving a prior Group Extended Health Care Plan. After this date, medical evidence is required at time of application for health plans which include emergency travel coverage and the member could be declined. If declined, the member can opt for a plan without emergency travel coverage. ARTA Members interested in applying for benefits should fill out the Application for Benefits and submit it to the ARTA office.

For assistance, contact the ARTA office by phone at 780-822-2400 or toll-free in Canada 1-855-212-2400, email at info@arta.net, or by regular mail at:

Alberta Retired Teachers' Association

15505 137 Avenue NW
Edmonton, AB T5V 1R9