

My Pledge

MEMBER APPLICATION

Date _____

I _____ would like to belong to the \$50 Plan for members of the Kansas Association of County Agriculture Agents and agree to abide by contribution guidelines as stated on the contributions guideline page.

Signature _____ Beneficiary: _____

Address _____ Name _____

County _____ Address _____

Guardian:

Name _____

Address _____

SPOUSE APPLICATION

I _____ would like to belong to the \$25 Plan for spouses of the Kansas Association of County Agriculture Agents and agree to abide by contribution guidelines as stated on the contributions guideline page.

Signature _____ Beneficiary: _____

Address _____ Name _____

County _____ Address _____

Guardian:

Name _____

Address _____

CHILDREN (UNDER THE AGE OF 18) APPLICATION

I _____ would like to belong to the \$25 Plan for children (under the age of 18) of the Kansas Association of County Agriculture Agents and agree to abide by contribution guidelines as stated on the contributions guideline page.

Signature _____ Beneficiary: _____

Address _____ Name _____

County _____ Address _____

Guardian:

Name _____

Address _____

Contributions for Kansas Association of County Agriculture Agents Families

A Voluntary Plan

Guidelines

OBJECTIVE:

To allow members of the Kansas Association of County Agriculture Agents (KACAA) to contribute to the welfare of bereaved extension member's families. A voluntary pledge of contributions has been set up. This is available for all members, their spouses, and their children under the age of 18, if they care to participate. Only those KACAA members signing this pledge are eligible for benefits.

GOVERNING BOARD:

Officers of the Kansas Association of County Agriculture Agents, plus the immediate Past President will serve as the governing board and will decide on any policy issue.

CONTRIBUTIONS:

A pledge may be signed by all KACAA members employed by K-State Research and Extension. This will be a \$50 plan for members.

A separate pledge may be signed by the same KACAA member for his or her spouse and children under the age of 18. This will be for \$25. These two pledges are separate. They may be taken together or either one may be signed. Pledges will be signed in duplicate.

DATE OF MEMBER SIGN-UP AND TERMINATION OF PLEDGE:

A member may sign up for themselves, for their spouse, or for their children under the age of 18, at any time. A KACAA member may sign a pledge for a spouse on the date of their marriage or anytime thereafter. A KACAA member may sign a pledge for a child on the date of their birth or anytime thereafter before their 18th birthdate. A new pledge will be honored if it was postmarked prior to injury or death of the pledge.

Withdrawal of your pledge may be done once a year. A written notice mailed to the secretary of KACAA by December 1st will permit you to cancel your pledge on December 31st.

BENEFITS:

In the event of death, other members will be notified. Contributions are to be made to the Insurance Chairperson within 30 days. The amount a family will receive will be determined by the number of pledges that are signed. There are potentially 100+ members but the number of spouses and children will be less. This could figure \$5,000 or less for survivors of the deceased member. The survivor's benefits of a KACAA extension worker's spouse or children will probably be \$2,500 or less.

BENEFITS OR RESPONSIBILITIES CEASE WHEN AN EMPLOYEE DROPS MEMBERSHIP IN KACAA, RETIRES OR HIS/HER SERVICES ARE TERMINATED FROM K-STATE RESEARCH AND EXTENSION.
