Membership Information and benefits

As a member of the MTA, you are entitled to many benefits. For a complete list of benefits, please visit www.mdtroopers.org. Listed below are just some of the benefits provided:

Legal Representation:

You have access to the MTA Attorney 24 hours a day, 7 days a week. The Law Office of Byron Warnken, LLC, 1-800-927-6536 is available to assist you with interrogations, hearing boards, etc. The law office is also available to help you with disability retirements, wills and estates, medical malpractice, personal injury, and workers' compensation.

Life Insurance:

You and your family are covered with life insurance. You are covered with a $45,000.00 life insurance policy[1] and your spouse[2] is covered with a $6,000.00 life insurance policy, until age 70 when it drops to $4,000 and $2,000. Dependent children[3] are covered with a $2,000.00 life insurance policy until age 19 or 24 if in college.

AFLAC Insurance:

MTA Members are able to enroll in AFLAC and have the deduction conveniently deducted along with their MTA Dues deductions that occur bi-weekly. If interested in AFLAC, please call the MTA office.

Monthly Executive Board Meeting:

The MTA Executive Board Meeting is held on the third Tuesday of each month at 5:00 p.m., at the MTA Office, 1300 Reisterstown Road, Pikesville, MD 21208. All MTA members are welcome and dinner is provided for all attendees.

MTA Scholarships:

Each year, the MTA offers scholarships for members and dependent children of our members. The scholarships range from $500 to $1,000 per scholarship.

---

[1] Beneficiary information needs be on file and contain an original signature of the member. Amount of member insurance reduces at age 70 to $4,000.00.

[2] Spousal information needs to be on file at the MTA Office. Amount of spousal insurance reduces to $2,000.00 at age 70.

[3] Dependent information needs to be on file at the MTA Office.

MTA Store:

The MTA Store in Pikesville offers a 10% discount to MTA members. A 20% discount is offered for two weeks prior to Christmas. Items can now be purchased on-line. However, you must be a member of the MTA Web Page. To become a member, view the web page at mdtroopers.org and sign in.

MTA Newsletter:

The MTA produces a newsletter periodically, which is posted on the MTA website. The newsletter informs the members of ongoing events from around the state and upcoming events for members to attend. It is a great publication to keep its members informed of events involving the MTA.

Finally, we ask that you contact the MTA office on any updates to your address, family status, etc. As an employee of the Maryland State Police, the changes in your personal information with the MSP is not automatically relayed to the MTA Office. It is vital that any changes to your personal information be sent to the MTA Office.

Please call the MTA office at 410-653-3885 or 1-800-TROOPER at any time with questions or updates.

Maryland Troopers Association

INCORPORATED 1979

MEMBERSHIP APPLICATION

Date: _____

SS#:	ID#:	Rank:	Date of Birth:
Name: Last First MI			☐ Male ☐ Female
Street Address:			
City/State/Zip:			Phone:
Assignment:		Date Appointed:	Lodge Request:
Email (work): Email (personal):			

Dependent Information

Family Member	Name	D.O.B.	SS#
Spouse			
Child #1			
Child #2			
Child #3			
Child #4			

Life Insurance Information – Please complete the attached Standard Life Insurance Beneficiary Form.

_____ _____

Signature Date

Member of National Troopers Coalition
1300 REISTERSTOWN ROAD, PIKESVILLE, MARYLAND 21208 (410) 653-3885 1-800-TROOPER
E-mail: info@mdtroopers.org

STATE OF MARYLAND
CENTRAL PAYROLL BUREAU
PAYROLL DEDUCTION AUTHORIZATION

Please print or type all information in BLACK INK for electronic imaging.

Payroll Type – Check One

☒ **Regular** ☐ **Contract** ☐ **University of Maryland**

Personnel/Payroll Agency Code
(*See your pay stub for information)*

4	1	0	1	0	1

Agency Name (Place of Employment)

Maryland State Police

Social Security Number

Employee Name

Deduction Action Requested	Name of Deduction	Payroll Cycle
☒ **Initiate** ☐ **Change** ☐ **Cancel**	**MTA DUES – DOE 52** Employee Total Biweekly Deduction Amount **CURRENT AMOUNT $** **NEW AMOUNT $ 17.00**	Deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.

I authorize the State of Maryland to deduct from my salary the above amount and forward it to **Maryland Troopers Association** . This deduction will continue until I submit written notice to change or cancel it on a new authorization form.

_____ _____
Employee's Signature Date

_____
Daytime Telephone Number

I:PUBLIC/FORMS/Payroll Deduction Authorization - Final.doc
PN:10383 Revised CPB (07-06)

To Be Completed By Human Resources *Maintain completed form for your records.*

Group Number		Billing Category	Date Joined MTA
648355			

To Be Completed By Applicant *Check all boxes and complete all sections that apply. Return completed form to your Human Resources Department.*

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date		☑ Male ☐ Female
Your Address	City	State	ZIP	Phone Number
Employer Name **Maryland Troopers Association**	Job Title/Occupation			

Change *Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.*

☑ Beneficiary Change ***Fill out the Beneficiary Section below.***

☐ Name Change Former name _____

☐ Add or ☐ Delete Dependent Date of add/delete _____ Reason _____

☐ Other _____

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Life Insurance

☒ Life (Employer Paid)

Dependents Life Insurance

☒ Spouse/Child(ren) Life - *(Only available to those with eligible dependents)*

Beneficiary *This designation applies to Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:

    1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.

    2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.

    3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____ ."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.