Council of School Officers

American Federation of School Administrators, Local 4 (AFL – CIO)

Richard Jackson
President

Robert Saunders
Vice President

November 2, 2026

Dear Council of School Officers Retiree:

The new year is approaching, and it is time to renew your membership in the CSO Retirees Chapter. Congratulations to all members who joined our retiree community this past school year, and welcome back to our returning members. We value your continued commitment and want to ensure you receive every benefit available to you.

This year, we are pleased to offer a convenient online renewal option. You may now select your benefits and pay your dues entirely online, no paper form required. If you prefer to mail your payment, you may still do so by completing the attached forms and sending your check to the CSO office.

Below is a list of membership and benefit offerings for the upcoming year.

$66.00	**CSO Membership**	**(REQUIRED)**
$35.00	AFSA Membership	All the benefits of regular members, which include but not limited to: • $10,000 Accidental Death Benefit • Long-Term Care Resources • Group Accidental Death & Dismemberment (AD&D) Insurance • Auto & Home Insurance from Liberty Mutual Insurance • Restaurant and Travel Discounts • Additional AFSA member benefits: Member Benefits | American Federation of School Administrators
$599.52 - Self **$1060.68 - Family**	Aetna Freedom of Choice Plan	PPO and DMO options (See the attached summaries)
$295.56 – Self & Family	United HealthCare Vision	Summary Attached
$0 - Included with membership	Partially Funded Legal Plan	Provides legal advice and representation for multiple legal matters. The booklet for the fully prepaid legal plan and the brochure for the partially funded legal plan can be viewed on the CSO website. https://www.councilofschoolofficers.org/retiree-legal-benefit
$416	Fully Prepaid Legal Services for One Year	

To renew online, visit: https://unionly.io/o/csolocal4/store/products

If you wish to pay by check, please complete the attached forms and mail them to the office. Please feel free to contact the Council of School Officers if you have any questions (202) 526-4700.

We look forward to engaging our retirees in an exciting year of activities and opportunities. Thank you for being an important part of the CSO retiree community.

COUNCIL OF SCHOOL OFFICERS
LOCAL 4

American Federation of School Administrators
AFSA, AFL-CIO

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Check the benefits you would like and include all the monies in one check made out to Council of School Officers.

I am enclosing my check for the total amount: _____, which includes:

CSO Membership & Partial Funded Legal	AFSA Membership	UHC Vision	Aetna Freedom of Choice Dental	Fully Prepaid Legal Plan
☐ **$66 (REQUIRED)**	☐ $35	☐ $295.56 – Self & Family	☐ $599.52 – Self ☐ $1060.68 – Family ☐ PPO ☐ DMO	☐ $416

Printed Name: _____

Signature: _____ Date: _____

Please mail your check and the completed forms by December 14, 2026, to:

Council of School Officers
2007 Bunker Hill Rd NE
Washington, DC 20018

To renew online, visit: https://unionly.io/o/csolocal4/store/products

COUNCIL OF SCHOOL OFFICERS
AMERICAN FEDERATION OF SCHOOL ADMINISTRATORS, LOCAL 4 (AFL – CIO)

RICHARD JACKSON
PRESIDENT

ROBERT SAUNDERS
VICE PRESIDENT

RETIREE INFORMATION DATA SHEET

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home: _____ Cellular: _____

Email Address: _____

Council of School Officers Local #4

VISION AND DENTAL PLAN ENROLLMENT FORM

Date: _____

COVERAGE DESIRED					
VISION		**DENTAL**		**DMO**	**PPO**
Retiree Self	☐	Retiree Self	☐	☐	☐
Retiree Self + Family	☐	Retiree Self + Family	☐	☐	☐

Full Name:

Member SSN: | Member Birth Date:

Address: | Email:

Street address *Apt/Unit #* | Home Phone:

Mobile Phone:

City *State* *Zip Code*

	Full Name	Birth Date	SSN	Sex	
Spouse				M ☐	F ☐
Child				M ☐	F ☐
Child				M ☐	F ☐
Child				M ☐	F ☐
Child				M ☐	F ☐

SPOUSE/DEPENDENT INFORMATION: Social security number and birth date are mandatory for all dependents. Attach a separate sheet to list additional dependents.

I agree to continue enrollment in the vision and or dental plan for a period of 12 months.

Signature: _____ Date: _____