

WHO ARE WE?

"The South's Leading State Employees' Association"



45,000⁺ members



Years strong



MISSION

SEANC is committed to protecting and enhancing the rights and benefits of current, retired and future state employees.



WHY YOU SHOULD JOIN

- Full-time lobbyists advocating for you
- Low-cost insurance programs
- Member discount program
- Purchasing Power
- College scholarships
- Publications and alerts
- **EMPAC**
- \$1,000 Accident Policy



SEANC INSURANCE PRODUCTS

- Accident
- Accidental Death
 & Dismemberment
- Auto/Home
- Cancer Critical Illness with Cancer
- Critical Illness and Trauma
- Dental / Vision
- Disability

- Final Expense/ Whole Life
- Hospital Confinement Indemnity
- MetLife Legal Plan
- Identity Protection
- Long-term Care
- Pet
- Permanent/Whole Life
- Term Life



Benefits of a SEANC plan

- Year-round enrollment 24/7, 365 days a year!
- You choose how to apply; online, over the phone or mail or fax your application to SEANC
- You can keep coverage when you retire
- SEANC supports your family dependents, including Domestic Partner, Spouse and children up to age 25
- No waiting periods once your plan is in force.
- Life insurance without medical questions
- \$1,000 AD&D Policy for all members





View Insurance Guide

seanc.org/insuranceguide



DISCOUNTS

3,200 MEMBER DISCOUNTS

































































THE FASTEST WAY TO CONNECT TO LOCAL DEALS

THEME PARK TICKETS





















PURCHASING POWER

Through Purchasing Power, SEANC members have access to thousands of products from the hottest brands with the ability to pay for them in 12 monthly, zero-interest installments without a credit check! For more information visit **seanc.purchasingpower.com**

- > Zero Interest
- > No Credit Check
- > No Hidden Fees
- > Pay Over Time
- > Payroll Deduction





SCHOLARSHIP



Scholarship Categories

MERIT

Based on academic performance without regard to financial need. Applicant must be enrolled full-time in, or have applied to an accredited four-year universities/colleges, two-year community/technical colleges.

FINANCIAL NEED

Based on academic performance and financial need. Applicant must be enrolled full-time in, or have applied to an accredited four-year universities/colleges, two-year community/ technical colleges.

MEMBERS ONLY

Awarded to active and associate members who are working full-time and wish to continue their education on a part-time basis. Applicant must be enrolled before disbursement of funds are issued.

RETIREE GRAND CHILD (MERIT OR FINANCIAL NEED)

Awarded to the grandchildren of retired members. There are two scholarship categories: merit and financial need. Applicant must be enrolled full-time in, or have applied to an accredited four-year universities/colleges, two-year community/technical colleges.



Leadership NC Scholarship



SEANC's Emerging Leaders Council has established a scholarship program to allow one SEANC member the opportunity to participate in Leadership North Carolina (LNC), a two-year training program where participants acquire the skills necessary to take the lead. Apply by April 30.



IMPORTANT DATES

Applications are available on www.seanc.org/scholarship and are accepted by the district scholarship chairperson.	JANUARY
Applications must be postmarked by this date and mailed to the district scholarship chairperson.	APRIL 15
Statewide judging occurs.	MAY
State winners and non-winners are notified.	JULY
State winners checks are mailed to schools.	AUGUST

PUBLICATIONS & ALERTS

置REPORTER

Newsletter mailed 4 times per year



Weekly e-newsletter



Text alerts





- State employees organized to raise money for candidates who support quality public services
- 91% of EMPAC-endorsed legislative candidates were elected in 2016, including Governor Roy Cooper and Treasurer Dale Folwell



APPLICATION





Preferred SEANC District (optional)	County of	f Residence			County of Work (i	f different from residence)
Department/Agency/School (Requir	ed for Payroll Deduction)	Job Title ,	Profession	n		
Member Information	n	Mem	bersh	ip Type (check o	ne)	
7		☐ Active	e Employe	e 🔲 Retired Employee 🗆	Associate* \square A	ffiliate**
Social Security Number (Required) Last Name	Full First Name, Middle Ir	ship w	inners, an e, parent, o	oloyees of the State Employee d those individuals who do no or grandparent were active mo or after October 1, 2016.	ot qualify for an act	ive membership whose
Date of Birth			,	e persons or organizations wh	ho support the pur	poses of SEANC.
Date of Birth	Gender	Employ	/er			
 Street / P.O. Box / Apt. Number		Sta	te 🗆	Temporary/Part time	Local Governmer	nt:
Street / P.O. BOX / Apt. Number						
		Type of	Emplo	vment. Full time	or Dartti	mα
City / Town	State Zip C			yment: Full time		
	State Zip C		f Emplo g months	yment: Full time		
City/Town Contact Information	·	Code □ 10	months	□ 11 months □ 12 m		
	·	Code □ 10	months	□ 11 months □ 12 m		er:
	·	Mont	thly Coyees	□ 11 months □ 12 m ost Circle	nonths 🗆 Othe	
Contact Information	·	Mont Emplo \$ 14.	thly Coyees	□ 11 months □ 12 m	p Dues	Retirees
Contact Information	·	Mont Emplo \$ 14.	thly Coyees 100	ost Circle Membershi	p Dues	Retirees \$ 10.00



Payment Options (Choose		Credit Card (Burchasing Bayes	door not event evedit card navments)		
A. Payroll/Pension Deduction		☐ C. Credit Card (Purchasing Power does not except credit card payments).☐ Annual or ☐ Monthly			
☐ B. EFT Bank Draft		☐ Visa ☐ Mastercard ☐ Debit			
Name of Financial Institution		Card Number			
9-digit Routing Number	Checking Account Number	Expiration Date	CVW		
SEANC Bylaws, or in an adjusted am	ount as may be approved by the memb	on or checking account on a monthly basis, in t ership subsequent to the date of this authoriza Inated above from my wages/pension on a mo	ition. I further authorize my employer o		
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SEANC Bylaws, or in an adjusted am pension plan to deduct voluntary El lump sum with my SEANC dues. The refundable. Contributions or gifts to By providing my phone number, I ur on a periodic basis. SEANC will never messages. Text HELP to 787753 for r I understand that: 1) I am not requirefuse to contribute without any repto contribute; 4) the amounts on this disadvantage from SEANC or my em	ount as may be approved by the member MPAC contributions in the amount design se authorizations shall continue until case authorizations shall continue until case authorizations shall continue until case and that SEANC and its affiliates in charge for text message alerts. Carrier nore information. The determinant of the contributions to EMPAC as a crisal; 3) only members and executive/acts form are merely a suggestion, and I may ployer; 5) SEANC and SEIU use the mon	ership subsequent to the date of this authoriza inated above from my wages/pension on a mo nceled by me by written notice to the SEANC (ble as charitable contributions. nay use automated calling technologies and/or	ation. I further authorize my employer or inthly basis for transmittal to SEANC in a Central Office. These payments are non- text message me on my cellular phone its. Text STOP to 787753 to stop receiving or membership in SEANC; 2) I may all permanent residents are eligible in means without fear of favor or g, but not limited to, addressing issues o		
SEANC Bylaws, or in an adjusted am pension plan to deduct voluntary El lump sum with my SEANC dues. The refundable. Contributions or gifts to By providing my phone number, I ur on a periodic basis. SEANC will never messages. Text HELP to 787753 for r I understand that: 1) I am not requirefuse to contribute without any repto contribute; 4) the amounts on this disadvantage from SEANC or my em	ount as may be approved by the member MPAC contributions in the amount design se authorizations shall continue until case authorizations shall continue until case authorizations shall continue until case and that SEANC and its affiliates in charge for text message alerts. Carrier nore information. The determinant of the contributions to EMPAC as a crisal; 3) only members and executive/acts form are merely a suggestion, and I may ployer; 5) SEANC and SEIU use the mon	ership subsequent to the date of this authorizal inated above from my wages/pension on a monceled by me by written notice to the SEANC Cole as charitable contributions. The property of the season o	ation. I further authorize my employer or inthly basis for transmittal to SEANC in a Central Office. These payments are non- text message me on my cellular phone its. Text STOP to 787753 to stop receiving or membership in SEANC; 2) I may all permanent residents are eligible in means without fear of favor or g, but not limited to, addressing issues o		

TO MAIL:
COMPLETE APPLICATION, FAX (919-829-5829) OR REMOVE AT PERFORATION, FOLD IN HALF, TAPE TO SEAL AND MAIL. POSTAGE IS FREE!





View Member Guide

seanc.org/memberguide



