



Dear FSA COC Members, Advisors and County Office Employees,

The County Committee system of government has been in place since the very beginning of the Farm Service Agency. Being one of the very few forms of federal government with grass roots control, we believe this system is the most responsive and accountable government system in existence. Applying the principles of democracy in action, our locally elected committees play a critical role in the implementation of farm policy and provide much needed accountability to taxpayers. As you know, this committee system also provides the first level of appeal for farmers under a host of USDA programs. It is these fundamental principles and responsibilities that separate the FSA County Committee system from all others.

Since 1965 the National Association of Farmer Elected Committees (NAFEC) and the National Association of FSA County Office Employees (NASCOE) have jointly worked to support the County Committee system. NAFEC officers and directors from across the U.S. regularly visit and work with NASCOE's leaders on issues and concerns that require working with FSA Management at state and national offices. Working on behalf of FSA County Committees and FSA County Office Employees, NAFEC and NASCOE can jointly accomplish more, for the benefit of agriculture.

To accomplish these goals NAFEC needs a strong membership. If you are already a member, we appreciate your prior support and encourage you to continue your membership by submitting your annual payment at this time. If you are not currently a NAFEC member, you can help by joining today. Dues for County Committee members are \$40 per year, if you prefer to make a lump sum payment, or \$4 per meeting for those preferring to sign up for dues withholdings, using an FSA-444. It is also extremely important for COF employees to become NAFEC associate members. You can do so for as little as \$1 per pay period (\$26 total), using an FSA-444 or for \$20 per year if you choose to pay in a lump sum. Additionally, a lifetime membership is available for a one-time contribution of \$200.00.

The following are included in this packet:

- NAFEC Fact Sheet
- NAFEC Membership Application and FSA-444 completion instructions
- NAFEC Membership Application
- FSA-444
- Available benefits for NAFEC members

Please join us today as we continue our support of American agriculture and the County Committee system of government.

Sincerely,

Jim Zumbrink
NAFEC President

Marcinda Kester
NASCOE President



National Association of Farmer Elected Committees

FACT SHEET

Overview

Like the Washington Monument and Statue of Liberty, the most important component of the Farm Service Agency (FSA) is the foundation upon which it stands. FSA is the only federal agency possessing a “grass roots” foundation of democratically elected producers. Representing America’s farmers and ranchers, the local County Committee (COC) oversees the administration of farm programs.

COC’s have a unique foundation of support through the National Association of Farmer Elected Committees (NAFEC). NAFEC supports the COC’s existence, influence and oversight with FSA, while promoting the local delivery of Congressional farm programs coupled with a good dose of agricultural common sense.

Mission Statement

The primary purpose of the National Association of Farm Elected Committees (NAFEC) is, and will always be, to promote and improve the farmer elected committee system for the local administration of farm programs. The coordinated effort give us strength, and much more influence in Congress for the kind of farm programs America’s farmers, ranchers and rural communities need in order to thrive.

Improving and Educating County Committees

NAFEC promotes and improves the COC system by ensuring committee members understand their roles and responsibilities. COC’s today, just as in the past maintain a vital part of administering federal farm programs. Some committee responsibilities include: representing local ranchers, farmers and producers, while ensuring farm programs are administered consistent with Federal law, regulations, policies, procedures, and instructions. They also ensure farm programs are delivered efficiently, effectively, impartially and timely, as well as, hiring, supervising and evaluating the performance of the CED and any operations delegated to the CED. COC’s are required to learn about key functions of the county committee by taking the county committee orientation course so they can better fulfill their duties as committee members. COC’s should ask their CED today about the county committee orientation which is found on the FSA DAFO SharePoint site.

Benefits and Services

NAFEC speaks on behalf of the COC System and has earned the respect of both Congress and USDA leadership for the betterment of agriculture nationwide. NAFEC serves as a vital legislative advocate for the COC system, farm programs and farmers and ranchers, while providing procedural advisement and departmental and congressional consultation.

NAFEC works to preserve the FSA COC system and continues to improve the COC system for the local administration of farm programs that America’s farmers, ranchers and rural communities need in order to thrive.

NAFEC provides advice and consultation for COC members when administrative matters arise between the COC and State Offices.

NAFEC also provides financial planning and insurance benefits for its members.

More information concerning NAFEC and benefits can be found at www.nafecfsa.com.



NATIONAL ASSOCIATION OF FARMER ELECTED COMMITTEES

REPRESENTING FARM SERVICE AGENCY
COUNTY COMMITTEE MEMBERS SINCE 1965

Thank you for considering being a member of NAFEC. Please complete the attached form(s) and follow the instructions below.

NAFEC Membership Application

- Type of Membership: check the applicable box
- Method of Current Dues Payment: check the applicable box.
 - Check is the preferred method of payment, for accounting purposes. Please make checks payable to NAFEC.
 - If not paying by check, please complete the attached FSA-444 Dues Withholding form.
- New Member Information
 - Complete all entries.
- Sign and date

FSA-444 Dues Withholding

- Please complete all highlighted fields

If paying by check, please mail Membership Application and check to the following address:

NAFEC
742 Farmington Rd. W
Accokeek, MD 20607-9728

If completing an FSA-444, please forward the completed FSA-444 to your state office. Also, forward a copy of the completed FSA-444 and NAFEC Membership application via email to jpsnafec2020@gmail.com.



NAFEC MEMBERSHIP APPLICATION

New Member Information

Name _____ Spouse Name _____

Address _____ Home Phone _____

City _____ Mobile Phone _____

State _____ Zip _____ Email _____

Employer _____ FSA County Office _____

Member Signature _____ Date ____/____/____

Select Your Membership Type

Lifetime Membership: \$200.00

County Committee Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$40

ANNUALLY

OR

Deduct from Payroll

\$4

PER MEETING

Associate Member

CIRCLE ONE PAYMENT OPTION ONLY

Pay in Full Now

\$20

ANNUALLY

OR

Deduct from Payroll

\$1

PER PAY PERIOD

For In Full Payments

Mail your check and completed NAFEC Membership Application to:

NAFEC
c/o Joan Senter
742 Farmington Rd.
Accokeek, MD 20607

For Payroll Deduction Payments

Complete an FSA-444 form and forward the original to your state office.

Also, email a copy of your FSA-444 & your completed NAFEC Membership Application to Joan Senter.
JPSNAFEC2020@gmail.com

In order to be eligible for NAFEC Member Benefits enrollment, this completed application must be sent to NAFEC.

For questions concerning this application, email Joan Senter.

JPSNAFEC2020@gmail.com

FSA-444 (06-21-12)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency
REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY FOR USDA FSA RECOGNIZED ASSOCIATIONS	

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.

The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch)
	5. State/County of Employment

6. Association (Check One):

NASCOE
 NAFEC
 NASE
 NACS
 Other: _____

7. Type of Allotment (Check one) **Note:** A separate FSA-444 **must** be filled out for each type of allotment:

ASSOCIATION DUES

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP ___ of CY ____.
- to make **any changes** in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

SUPPLEMENTAL INSURANCE COVERAGE

State: _____ Association: _____

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified by me as the premium for insurance elected by me through the NASCOE authorized carrier beginning PP ___ of CY ____.
- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

I understand this authorization must be filed with the State FSA Office at least 3 days before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
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10. Termination of Allotment (Check One):

State: _____ Association: _____

I request payroll deduction for the following allotment be terminated on the first day of Pay Period _____ of CY ____.

NASCOE Dues
 Supplemental Insurance Coverage
 NAFEC Dues
 NASE Dues
 NACS Dues
 Other: _____

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
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13. State Office Action (Check NFC tables to determine current PP dues, or supplemental amount):

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
D. Name of Employee Updating Request		E. Signature of Employee Updating Request

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-6339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

Your
Preferred Provider



Dillard
Financial Solutions, Inc.

**YOUR NATIONAL
BENEFITS PROVIDER**

1-800-692-7643 | dfs@dillardfinancial.com

BENEFITS FOR MEMBERS

- Complimentary consultations and analysis
- Licensed representation for FERS questions and answers
- In-house team to service active employees and retirees
- Providing spousal retirement income planning
- Retirement benefit education materials
- Assistance with retirement paperwork and questions
- Full tax preparation services*
- Complimentary CPA reviews *
- Estate planning services *
- Education plans for children
- Annual reviews of your FERS benefit statement
- Assistance with conversions and rollovers for your TSP
- Quarterly & annual retirement check-ups

* We partner with affiliate companies to provide these services.

SERVICES WE OFFER

- Federally Licensed Consultants throughout all 50 states
- Phone support for our NASCOE members - Monday through Friday 9am to 5pm EST
- Supporting states and members through comprehensive federal benefit training
- Quarterly and Annual TSP Reviews
- TSP Rollovers and Conversions
- Spousal Rollovers and Conversions
- Assist with spousal retirement benefits
- Lifestyle planning while working and during retirement
- Provide in-house design services to assist conventions and rallies
- Analysis on your retirement income
- Provide downside protection of your income

PRODUCTS WE OFFER

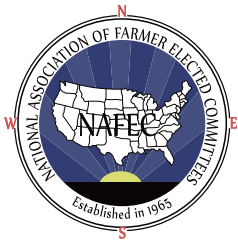
- Roth IRA's, IRA's, Non-Qualified Plans
- Roth Conversions
- Indexed Annuities
- Fixed Annuities
- Insurance with Critical Care Coverage
- Lifetime Income Products
- Accidental Injury Insurance
- Term Life Insurance
- Whole Life Insurance
- Universal Life Insurance
- Cancer Insurance
- Disability Insurance
- Accidental Insurance
- Pet Insurance
- Spousal & Child Insurance Plans
- LifeLock - Identity Theft Protection
- Tax preparation
- Health Insurance

Scan For
Website



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*Applicants must meet suitability requirements. Returns are guaranteed by the reserves of the insurance companies.

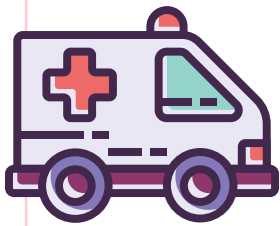


Benefits

for NAFEC Members & Their Families

Supplemental Accidental and Disability Insurance

- Coverage for multiple types of accidents
- Treatments & hospital stays may also be covered



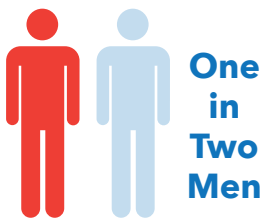
ACCIDENTAL INJURIES, CANCER + HEART DISEASE

are the **TOP THREE** causes of death between the ages of 25 and 44 ¹

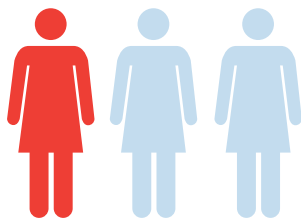
¹ "Leading Causes of Death," Centers for Disease Control & Prevention, January 20, 2015

Supplemental Cancer Insurance

- Only you can cancel your coverage
- Rates won't increase just because you use your policy



One
in
Two
Men



One
in
Three
Women

will be **diagnosed with cancer** at some point in their lifetime ²

² American Cancer Society, *Cancer Facts & Figures 2015*

Benefits are paid **DIRECTLY TO YOU** for covered: ³

- Cancer ✓
- Heart Attack ✓
- Heart bypass & Stent ✓
- Stroke ✓
- Alzheimer's disease ✓
- Diabetic complications ✓
- Hospital & ICU stays ✓
- Surgery & follow-up care ✓
- Accidental injuries ✓
- Doctor office wellness visits ✓

³ Subject to state availability



Book your consultation *Now!*

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1-800-692-7643

 nafec@dillardfinancial.com

APPLICANTS MUST MEET SUITABILITY REQUIREMENTS