

UNITED WORKERS HEALTH FUND Enrollment Form 367 Long Beach Road #147 Island Park, NY 11558 516-706-0879 Fax 516-706-0879



| Office Use Only: Circle one Plan A | | | | | | A | A Plan B | | | | | Pla | Plan C P | | | | Plan D | | | | | | | |
|--|---|--|--|--|--------------|----------------------|---|-----|-----------------------------------|----------------|----|-----|----------|---------------|----|--------------------------|--------|-----------------|--|--|--|--|--|--|
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| Last Name | | | | | | First Name | | | | | | | | | | | | Middle Init. | | | | | | |
| Sex Date of Birth M | | | | | | Mari | Marital Status | | | | | | | | Yo | Your Social Security No. | | | | | | | | |
| M F | | | | | | Ma | Married Single Separated Divorced Wido | | | | | | lowe | ed | | | | | | | | | | |
| Home Address | | | | | | Apt. No. Email Addre | | | | | | | dre | SS | | | | | | | | | | |
| City, State | | | | | | Zip Code | | | H | Home Telephone | | | | | | | | | | | | | | |
| Company Name: | | | | | | | Work Telephone | | | | | | | | | | | | | | | | | |
| Company Address: | | | | | | Zip | Zip Code Date of Hire | | | | | | | | | | | | | | | | | |
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| 2. DEPENDENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPENDENT NAME First Last (If not same as employee) | | | | | | Wife | Husband | Son | Daughter Your Social Security No. | | | | | Date of Birth | | | | | | | | | | |
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| 3. LIFE INSURANCE BENEFICIARY DESIGNATION | | | | | | | | | | | | | | | | | | | | | | | | |
| BENEFICIARY NAME BENEFICIARY | | | | | | rsons | sons who survive the Insured. BENEFICIARY ADDRESS | | | | | | | | | | | | | | | | | |
| FIRST NAME LAST NAME Primary: | | | | | RELATIONSHIP | | | | | | | | | | | | | | | | | | | |
| Primary | | | | | | | | | | | | | | | | | | | | | | | | |
| The proceeds shall be divided equally among those of the following designated person or persons who survive the Insured, provided no Primary Beneficiary designated above has survived the Insured. Secondary: | | | | | | | | | | | | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary: I understand that this coverage shall become effective only if this application is accepted by the United Workers Health Fund. This benefit only applied to Plan B. | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | | | | |

4. APPLICATION FOR MEMBERSHIP

I hereby apply for membership in Local 621 United Workers of America and designate this Union to represent me and, in my behalf to negotiate and conclude all agreements as to hours of labor, wages, and other employment conditions. I authorize dues or fees to be deducted from my wages and paid over to the Local in accordance with the check-off terms stated below. My Union dues will be used to protect my rights and strengthen the union by paying for various expenses including union representation, collective bargaining, political action, organizing new workers and for fees to various labor counsels.

Date:

Signature

5. DUES DEDUCTION AUTHORIZATION

I hereby authorize and direct my Employer to deduct from my pay, an amount equal to the dues and initiation fees in the amounts fixed in accordance with the By-Laws of Local Union 621 United Workers of America and to pay same to said Local Union in accordance with the terms of the bargaining agreement between the employer and the Union. This authorization is voluntarily made in order to pay my fair share of the Union's cost of representing me for the purpose of collective bargaining, and this authorization is not conditioned on my present or future membership in the Union. This authorization shall be irrevocable for a period of one year from the date hereof or until the termination date of said agreement, whichever occurs sooner, without regard to whether I am a member of the Union during that period, and I agree that this authorization shall be automatically renewed and irrevocable for successive periods of one year unless revoked by written notice to my Employer and the Union not more then twenty (20) days but not less then ten (10) days prior to the anniversary of this authorization. The payments covered by this authorization are not deductible as charitable contributions for federal income tax purposes. You have a right to be a nonmember of Local 621 UWA and nonmembers have the right to: 1) object to paying that fraction of Union dues and fees that are not germane to the Local 621 UWA duties as the bargaining agent and to obtain a reduction of fees for such non-germane activities; 2)to obtain from Local 621 UWA sufficient information to enable you to decide whether to object to the Local 621 UWA fair share dues and fees equivalency calculation; and 3) To be told the Local 621 UWA internal procedures for objecting. Items 2 & 3 may be obtained by written request addressed to Local 621 UWA at PO Box 147 Island Park, NY 11558. You should be aware; however, that exercising this option of choosing to be a nonmember means you would not have the right to vote on your contract or to participate in the development of contract proposals or Local 621 UWA elections. You will also lose other benefits of Local 621 UWA membership. Local 621 UWA hopes you will choose to become an active member and strengthen Local 621 UWA's ability to represent you and your co-workers, rather than weakening the union and making it more difficult to represent you. In our democratic Union, the decision is yours.

Date:

Signature

6. UNITED WORKERS ANNUITY PLAN 401K CONTRIBUTION ELECTION FORM

Your employer and United Workers have agreed to provide you with the Option to defer a portion of your wages, free of current federal income tax, as a "401(k)" contribution to your individual account in the United Workers Annuity Plan (hereinafter referred to as "the Plan"). The "401(k)" format gives you a choice between two options:

<u>Waiver</u>: I hereby waive my right to participate in the United Workers Annuity Plan at this time but may make an election to participate at a later date. \Box check to waive.

401(k) Contributions: A "401(k) contribution" is an option to defer wages and have them paid to your account in the United Workers Annuity Plan without current federal income tax. This "401(k)" contribution must be made directly from your employer to the Plan before the money is paid or currently available to you in order to be free of federal income tax. Your "401(k)" contributions by payroll deduction remain subject to state and local income taxes as well as federal social security taxes. Your 401(k) contributions are fully vested at all times. Once you elect a 401(k) contribution, you need to file a new form to change or reduce your deferral but may do so at anytime for future wages if your needs change.

Election: In accordance with my rights as a Participant and the provisions of the Plan, I elect to have

Amount: Per Week Per Month

of my gross wage income deducted as a 401 k contribution to my individual account in the Plan. This election authorizes my Employer to reduce my gross federal taxable income and pay this percentage of my pay directly to the United Workers Annuity Plan. This election will remain in effect until revoked by me in writing, or until I change the percentage directed to the Plan in accordance with a policy established by the Trustees. I understand that once I have chosen to have 401(k) contributions made to my individual account, I will need to file a new form to change or revoke that option.

| BENEFICIARY NAME FIRST NAME LAST NAME | BENEFICIARY RELATIONSHIP | BENEFICIARY ADDRESS | | | | | |
|--|-----------------------------|---------------------|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| Date: | Signature | | | | | | |