



UNITED WORKERS HEALTH FUND
Enrollment Form
 367 Long Beach Road #147 Island Park, NY 11558
 888-666-1974
 Fax 516-706-0879



Office Use Only: Circle one **Plan A** **Plan B** **Plan C** **Plan D**

1. EMPLOYEE INFORMATION

Last Name		First Name										Middle Init.			
Sex	Date of Birth				Marital Status					Your Social Security No.					
M	F						<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed								
Home Address						Apt. No.	Email Address								
City, State						Zip Code	Home Telephone								
Company Name:						Work Telephone									
Company Address:						Zip Code	Date of Hire								

2. DEPENDENT INFORMATION

DEPENDENT NAME	Wife	Husband	Son	Daughter	Your Social Security No.	Date of Birth
First Last (If not same as employee)						

3. DEATH BENEFIT BENEFICIARY DESIGNATION

The proceeds shall be divided equally among those of the following designated person or persons who survive the participant.

BENEFICIARY NAME	BENEFICIARY RELATIONSHIP	BENEFICIARY ADDRESS
FIRST NAME LAST NAME		
Primary:		
Primary:		
The proceeds shall be divided equally among those of the following designated person or persons who survive the participant, provided no Primary Beneficiary designated above has survived the participant.		
Secondary:		
Secondary:		

I understand that this coverage shall become effective only if this application is accepted by the United Workers Health Fund.

Date: _____ **Signature** _____

4. APPLICATION FOR MEMBERSHIP

I hereby apply for membership in Local 322 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 322 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 than twenty (20) days but not less than 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 322 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 322 UWA duties as the bargaining agent and to obtain a reduction of fees for such non-germane activities; 2) to obtain from Local 322 UWA sufficient information to enable you to decide whether to object to the Local 322 UWA fair share dues and fees equivalency calculation; and 3) To be told the Local 322 UWA internal procedures for objecting. Items 2 & 3 may be obtained by written request addressed to Local 322 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 322 UWA elections. You will also lose other benefits of Local 322 UWA membership. Local 322 UWA hopes you will choose to become an active member and strengthen Local 322 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

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United Workers Health Fund Benefit Tier Selection

- I Choose Single option. I understand that my obligation under this option is that the company will deduct a total of \$68.00 bi-weekly from my Pre Tax Pay. My cost will decrease to \$67.00 bi-weekly effective 1-1-2016 to 9-30-2018.
- I Choose Parent + one (1) child option. I understand that my obligation under this option is that the company will deduct a total of \$135.00 bi-weekly per month from my Pre Tax Pay. My cost will decrease to \$125.00 bi-weekly effective 1-1-2017 to 9-30-2018.
- I Choose Spouse option. I understand that my obligation under this option is that the company will deduct a total of \$140.00 bi-weekly from my Pre Tax Pay. My costs will increase to \$184.00 bi-weekly effective 1-1-2016 to 9-30-2018.
- I Choose Family option. I understand that my obligation under this option is that the company will deduct a total of \$200.00 bi-weekly from my Pre Tax Pay. My costs will decrease to \$195.00 bi-weekly effective 1-1-2016 to 12-31-2016. Effective 1-1-2017 my costs will decrease to \$190.00 until 9-30-2018.
- I Choose to Waiver/terminated my coverage or any previous designation that I may have made effective _____.
I understand that by terminating any tier of coverage, that I and my family members will not be eligible to return to coverage until the next open enrollment or life event.

Print Employees Name: _____

Signature: _____ Date: _____