

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	ne Plan				A Plan B				Pl	Plan C P			Pl	Plan D		
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Last Name		First Name														Mi Ini	ddle t.
Sex Date of Birth	tal Status	ıl Status								Y	Your Social Security No.						
M F	Ма	Married Single Separated Divorced Widowed															
Home Address		Apt. No. Email Addre						ess	SS								
City, State		Zip Code			Home Telephone												
Company Name:			Work Telep				hone	none									
Company Address:					Zip Code Date of Hire				e								
		DEPE	_												_		
DEPENDENT NAME First Last (If not same as employee)	Wife	Husband	Son	Daughter	Yo	Your Social Security No.					Date of Birth				1		
		SURAN)N				•		
The proceeds shall be divided equally among the BENEFICIARY NAME		following designated person or persons who survive the BENEFICIARY					BENEFICIARY ADDRESS										
FIRST NAME LAST NAME Primary:		RELATIONSHIP															
Primary																	
The proceeds shall be divided equally among above has survived the Insured.	those of t	he following	designate	ed person or	person	s who	survi	ve the	Insu	red, p	orovide	d no l	Primar	y Ber	eficia	y des	gnated
Secondary:																	
I understand that this coverage shall become ef Date:	fective or	ly if this app		s accepted by	the U	nited V	Worke	rs Hea	lth F	und.							
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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 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 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

Amount: Per Week

account, I will need to file a new form to change or revoke that option.

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.

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

of my gros	s wage	income	deducted	as a 4	01 k	contribu	ition to	my i	individu	al acco	ount i	n the	Plan.	This	election	autho	rizes
Employer to	reduce	e my gro	ss federal	taxable	incon	ne and p	ay this	perce	ntage of	my pa	y dire	ctly to	the U	Jnited	Workers	s Annı	uity Pl
This election	n will r	emain in	effect unt	til revol	ked by	me in	writing,	or ur	ntil I cha	nge th	e perc	entag	e direc	eted to	the Plan	in ac	cordai

Per Month

 BENEFICIARY NAME
 BENEFICIARY
 BENEFICIARY ADDRESS

 FIRST NAME
 LAST NAME
 RELATIONSHIP

with a policy established by the Trustees. I understand that once I have chosen to have 401(k) contributions made to my individual

PIKST NAME EAST NAME RELATIONSHII

Date: Signature

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United Workers Health Fund Benefit Tier Selection

0	I Choose Parent + one (1) child option. I understand that my obligation under
	this option is that the company will deduct a total of \$200.00 per month from
	my Pre Tax Pay.

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0	1 , , , ,	ion. I understand that my obligation under this will deduct a total of \$400.00 per month from my
	Print Employees Name:	
	Signature:	Date: