



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.
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Sex M F	Date of Birth	Benefit Tier Selection – <input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Parent/Child <input type="checkbox"/> Couple <input type="checkbox"/> Waived	Your Social Security No.
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I understand that I may have contribution obligations under any or all of these options and that my Employer will deduct any such contribution from my Pre Tax Pay. I understand that by waiving/terminating my or any level of my family members coverage, that any family members or I will be without coverage. My family members or I will not be eligible to return to coverage until the next open enrollment period (December) or life event.

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

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 FIRST NAME LAST NAME	BENEFICIARY RELATIONSHIP	BENEFICIARY ADDRESS
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 the United Workers of America National Union as well as any Local Union that the National Union assigns me to according to their national constitution, 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 Union 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 National Constitution of the UWA as well as the By-Laws of the Local Union of the United Workers of America that I am assigned to, or may be transferred to now and into the future and to pay same to the Union in accordance with the terms of the collective 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 collective bargaining 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 thirty (30) days but not less than ten (10) days prior to the anniversary of this authorization, or the expiration of said collective bargaining agreement. 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 the Union and nonmembers have the right to: 1) object to paying that fraction of Union dues and fees that are not germane to the Union duties as the bargaining agent and to obtain a reduction of fees for such non-germane activities; 2) to obtain from the Union, on their website at www.unitedworkers.us under the tab for Beck Notice sufficient information to enable you to decide whether to object to the Union's fair share dues and fees equivalency calculation; and 3) To be told the Union's internal procedures for objecting. (which is also posted on the website at www.unitedworkers.us under the tab for Beck Notice. Items 2 & 3 may be obtained by visiting the website at www.unitedworkers.us under the tab for Beck Notice or by written request addressed to United Workers of America at 367 Long Beach Road #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 Union elections. You will also lose other benefits of United Workers of America membership. Our Union hopes you will choose to become an active member and strengthen the Union'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:

Waiver: 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. 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.

Investment Election & Beneficiary Designation: Please access your account online using the attached enrollment guide to select your investment elections for new contributions and complete your beneficiary designation. If you do not select your investment elections, your new contributions will be invested into the plan's Qualified Default Investment Alternative (QDIA) based on your date of birth. Please see the attached QDIA notice for more information on the plan's default investment. If you do not designate a beneficiary online then the Plan's default beneficiary definitions will apply to you, as described in the Summary Plan Description.

Date:

Signature