

PENDANT PROGRAM ENROLLMENT APPLICATION 2010

| | | | |
|--|---|-------------------------------------|---|
| Employee Last Name | Employee First Name | Employee ID # | NCS Date |
| | | VZ ID # | Job Title |
| <input type="checkbox"/> CWA Local # _____ | <input type="checkbox"/> IBEW 2213 | <input type="checkbox"/> Management | |
| Home Address | City | State | Zip |
| Home Telephone Area Code Number | Cell Phone Area Code Number | | |
| Preferred E-Mail Address <i>(This is the e-mail address we will use to communicate with you)</i> | | | |
| Work Information | | | |
| Work Address | City | State | Zip |
| | | | Work Telephone Area Code Number |
| Family Member's Name (Print) | Relationship to Employee | | Family Member's Age |
| Family Member's Home Address | City | State | Zip |
| Provider Information | | | |
| Company / Provider's Name (Print) | | | |
| Company / Provider's Address | City | State | Zip |
| | | | Provider's Telephone Area Code Number |
| Effective Date of Contract | Contract Term and Fees <input type="checkbox"/> Month to Month Contract <input type="checkbox"/> Quarterly Contract <input type="checkbox"/> Annual Contract | | |
| For Office Use Only | Approval Date: | | Approved By: |
| Method of Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Auto Pay | | | |
| I certify, to the best of my knowledge, the information I have provided on this form is correct. | | | |
| Employee Signature _____ | | | Date _____ |



CWA-IBEW 2213- VERIZON NY/NE REGIONAL WORK & FAMILY 2010 PENDANT INITIATIVE

Enrollment Guidelines

All NY/NE CWA / IBEW 2213 VERIZON employees are eligible for enrollment including CWA Local's 1395, 1302 and 1400.

- ☞ This is a pilot program, eligibility for enrollment ends when allocated funds are depleted. All employees will be eligible on a first come first serve basis. Employees can enroll at any time during the 2010 year.
- ☞ Download an enrollment application at www.regionalwfrc.com go to NY/NE Regional Work & Family page and scroll to 2010 Pendant enrollment application.
- ☞ Attach a copy of the signed monitoring agreement (Agreement must indicate the billing party and person covered) to your enrollment application and mail via U.S. Mail to:
NY/NE Regional Work & Family Committee
c/o Fund Administrator
120 Hicksville Road, Room 200-A
Massapequa N.Y. 11758
- ☞ Pendant must be for one eligible family member as specified in your current collective bargaining agreement(s) (one pendant per employee household)
- ☞ Reimbursements will be made quarterly, directly to employee April 2010, July 2010, October 2010 and January 2011 on the last Friday of the month.
- ☞ Only monthly monitoring service fee is reimbursable up to \$40.00 per month.
- ☞ Acceptable proof of payments must be submitted in the form of: credit card receipt, cancelled check, auto pay or "ACH" debit receipt.
- ☞ Employees are eligible to participate in the DCRF, and 2010 Pendant programs.

Contact your Local Union Representative or Fund Administrator with any additional questions.