



LOCAL 363, ELECTRICAL WORKERS OF AMERICA

USWU, IUJAT, and Related Funds

145 Huguenot St, Suite 420, New Rochelle, NY 10801

Shop Number

1

Employee Information

Last Name		First Name		Middle Initial
Sex:	Date of Birth	Marital Status		Social Security Number
M F		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Home Address				Apt. No.
City, State		ZIP Code	Home Telephone	
Email Address			Mobile Telephone	
Current Employer			Work Telephone	
Company Address		ZIP Code	Date of Hire	
[Previous Employer]		[Union Affiliation]		
Is the employee to have medical coverage? Y / N				

2

To Be Completed Only If Dependents Are to Have Medical Coverage

Dependent Name	Relationship	Date of Birth

Note: Attach a sheet if there are additional dependents

4

United Welfare Fund Security Division (If Applicable)

Beneficiary Name	Beneficiary Relationship	Beneficiary Address
First Name	Last Name	
Primary:		
Secondary:		
Secondary:		
Date: _____ Signature: X _____		

3

APPLICATION FOR MEMBERSHIP



UNITED SERVICE WORKERS UNION LOCAL 363, Electrical Workers of America, IUJAT

I apply for membership in USWU LOCAL 363, IUJAT and designate this Union to represent me for collective bargaining with my employer.

Date: _____ Signature: X _____

CHECKOFF AUTHORIZATION

I direct my employer to deduct from my wages and to pay to USWU LOCAL 363, IUJAT, dues and initiation fees in said Union as may be established by the Union and become due to it from me during the effective period of this authorization. This authorization may be revoked by me by written notice signed by me as of any anniversary date hereof or termination date of any collective bargaining agreement covering my employment, whichever occurs sooner. This authorization shall automatically renew unless written revocation is submitted.

Date: _____ Signature: X _____

SEE IMPORTANT NOTICE ON REVERSE REGARDING LEGAL RIGHTS

5

United Welfare Fund Life Insurance (If Applicable)

Beneficiary Name	Beneficiary Relationship	Beneficiary Address
First Name	Last Name	
Primary:		
Secondary:		
Secondary:		
Date: _____ Signature: X _____		



UNITED SERVICE WORKERS UNION

IUJAT

145 Huguenot St, Suite 420, New Rochelle, NY 10801

IMPORTANT NOTICE

You have a right to be a nonmember of the USWU, and nonmembers have the right to: 1) object to paying the fraction of Union dues and fees that are not germane to the USWU's duties as bargaining agent and to obtain a reduction of fees for such non-germane activities; and 2) to obtain from the USWU sufficient information to enable you to decide whether to object to the USWU's fair share of dues and fees equivalency calculation; and 3) to be told the USWU's internal procedures for objecting. Items 2 and 3 may be obtained by written request addressed to the USWU at 145 Huguenot St, Suite 420, New Rochelle, NY 10801.

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 USWU elections. You will also lose the other benefits of USWU membership. USWU 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 remains yours.

Dear Member:

You are now represented by the United Service Workers Union. Union representation means that your Local USWU Union, on your behalf and with your full participation, negotiates and administers a legally binding contract known as a collective bargaining agreement that sets forth your wages, benefits, hours, and all your working conditions. Because all employees negotiate together through the Union. Union members receive higher wages and better benefits than non-union workers doing similar jobs. Strength in numbers makes this possible.

Your Local union is part of the United Service Workers Union, which represents workers in many similar occupations around this country. The union draws on its highly trained and motivated staff and on the immense resources of the international.

Your contract is administered by a business representative. You also have a shop steward at your place of work. Our officers are elected in secret ballot elections. As a member, you will get to participate in those elections. Our Union is governed by a written Constitution and By-laws. We are a democratic institution governed by our members.

Your Local Union seeks to negotiate a labor contract—a legally binding agreement that is enforceable. This establishes your wages, hours, benefits, and working conditions. The contract does much more: It protects your seniority; it prohibits discipline or discharge by your employer, except for just cause once you have completed your probationary period; it provides for vacations paid for by your employer and negotiated by the Local Union; and it establishes a grievance procedure with binding arbitration to take up and resolve your complaints in a way that gets results. A great benefit of being covered by a Local Union's contract is the knowledge and security that the provisions cannot be changed whenever the employer decides. No changes can be made without the Local Union's agreement. The Local Union and the employer negotiate new agreements when old agreements expire. At that time, we seek improvements, and better wages and working conditions.

We hope that you will take advantage of your membership and become an active, involved member of your Local Union. Strong, active and informed members are the strength of your Union. In the long run, your participation will benefit both you and your co-workers by helping the Union gain improved benefits and working conditions. We look forward to working with you, and appreciate your confidence that the USWU can best serve your needs.

Fraternally yours,

Lori Ames
President, USWU



Health Plan Enrollment Form

Employer/Shop Name: _____ Coverage Start Date: _____
Submitted By: _____ Medical Plan: _____
Employee Full Name: _____ Date of Hire: _____
Date of Birth (MM/DD/YYYY): _____ Gender (Please circle one): M / F
Social Security Number (SSN): _____
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated
Home Address: _____
Telephone Number (Please circle one) Home / Mobile: _____
Email Address: _____

Previous Insurance Carrier Information

Carrier Name: _____ Telephone: _____
Policy #: _____ End of Coverage Date: _____
Do you, your spouse, or your dependent(s) have coverage with Medicare, Medicaid, or any other health insurance? ☐ Yes ☐ No
If yes, who is the provider? _____

List each spouse and/or dependent below and furnish all appropriate marriage, birth, and adoption certificates (as applicable) at the time of enrollment.

Relationship	Last Name	First Name	SSN	Gender	Date of Birth	Is this person disabled?

Applicant Name (Printed): _____ Date: _____

Applicant Signature: _____

Return the completed form to the address below: United Welfare Fund, 145 Huguenot Street, Suite 100, New Rochelle, NY 10801 | Phone: (718) 658-4848 | Fax: (914) 214-9866



United Healthcare Dental Enrollment Form

Type of Activity

<input type="checkbox"/> New Enrollee	<input type="checkbox"/> Change	<input type="checkbox"/> COBRA
Effective Date: _____	<input type="checkbox"/> Add Spouse	Qualifying Event: _____
Group Name: United Welfare Fund (UWF)	<input type="checkbox"/> Add Child(ren)	Date of Event: _____
Group Number: _____	<input type="checkbox"/> Name Change	
	<input type="checkbox"/> Address Change	
	<input type="checkbox"/> Provider Change	
	Effective Date: _____	

Employee Information

Employer/Shop Name: _____
Full Name: _____ SSN: _____
Date of Birth (MM/DD/YYYY): _____ Gender (Please check one): <input type="checkbox"/> M <input type="checkbox"/> F
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Home Address: _____
Telephone Number: _____ Email Address: _____

Dependent Information (if applicable)

Dependent eligibility is governed by your group's contract. If your dependent child is over your group's child dependent age limit and student verification is required, please submit student documentation.

Last Name	First Name	SSN	Relationship	Gender	DOB
				M F	
				M F	
				M F	
				M F	
				M F	

Employee Name (Printed): _____ Date: _____

Employee Signature: _____

Please return this completed form to the address below: United Welfare Fund, 145 Huguenot Street, Suite 100, New Rochelle, NY 10801 / Phone: (718) 658-4848 / Fax: (914) 214-9866 / Email: memberservices@uswa.net