



CWA-IBEW 2213- VERIZON NY/NE REGIONAL WORK & FAMILY 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.
- ☞ Download an enrollment application at www.regionalwffc.com go to NY/NE Regional Work & Family page and scroll to 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 during April , July , October and January 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 Pendant programs.

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

PENDANT PROGRAM ENROLLMENT APPLICATION

| | | | |
|--|---|-------------------------------------|--|
| 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 _____ | |

Verizon CWA IBEW 2213 **Quarterly Request for Pendant Reimbursement**

Employee Name: _____

Last Name

First Name

Employee ID# : _____

VZ ID# : _____

Home Address: _____

City: _____

State: _____

Zip: _____

Home Telephone # : _____

Personal Cell # : _____

Personal e-mail Address: _____

Work Address: _____

City: _____

State: _____

Zip: _____

Work Telephone # : _____

Work e-mail Address: _____

Check one of the below boxes to indicate your affiliation with Verizon

☐ CWA Local # _____

☐ IBEW 2213

☐ Management

Family Member's Name: _____

EMPLOYEE SECTION

First Quarter

01/01/2011 to 3/31/2011

Amount Paid

\$

Deadline for Submission
April 08, 2011

Second Quarter

04/01/2011 to 6/30/2011

Amount Paid

\$

Deadline for Submission
July 08, 2011

Third Quarter

07/01/2011 to 9/30/2011

Amount Paid

\$

Deadline for Submission
October 14, 2011

Fourth Quarter

10/01/2011 to 12/31/2011

Amount Paid

\$

Deadline for Submission
January 13, 2012

You Must Attach a copy of Proof of Payment to the back of this form (ie copy of credit card receipt, canceled check or money order receipt, bank statement or pay stub showing autopay).

I certify, to the best of my knowledge, the information I have provided on this form is correct.

Employee Signature _____

Date _____

For Office Use Only

Approval Date: _____

Approved By: _____

**Employees must complete this form in its entirety.
Be Sure to attach proof of payment to this side of the
form and return it by the quarterly deadline shown on
the other side of this form.**

Return this form to:

**NY/NE Regional Work & Family Committee
c/o Beverly Steele, Fund Administrator
120 Hicksville Road
Room 200-A
Massapequa N.Y. 11758**

**Questions? Call 1-516-797-3872
or your Local Union Office**

For further information go to www.regionalwfrc.com