

Benefit Election Worksheet



[TEAR OFF THIS SHEET]

Benefits are Provided by The Prudential Insurance Company of America.
Prudential's state of domicile is New Jersey.

PART-TIME MEMBERS

This worksheet should be separated from the enrollment form and used to assist you while making your elections and completing your payment information.

To utilize it:

1. As you make your elections please input the corresponding premium into this worksheet.
2. If you are declining any specific line of coverage, please simply enter a zero into that space.
3. When you reach Step 6 of the enrollment form (Pg. 7), please transfer the information from this worksheet to that section.

TOTAL MONTHLY STD (Pg. 2)	\$
TOTAL MONTHLY LTD (Pg. 2)	\$
TOTAL MONTHLY MEMBER LIFE AND AD&D COST (Pg. 3)	\$
TOTAL MONTHLY SPOUSE LIFE AND AD&D COST (Pg. 4)	\$
TOTAL MONTHLY DEPENDENT LIFE AND AD&D COST (Pg. 5)	\$
Processing fee:	\$1.00 per payment
TOTAL MONTHLY PAYMENT:	\$



Enrollment Form (Part-Time)

BENEFITS ARE PROVIDED BY THE PRUDENTIAL INSURANCE COMPANY OF AMERICA.

PRUDENTIAL'S STATE OF DOMICILE IS NEW JERSEY. Please complete, sign, date, and return this form in the enclosed postage paid envelope. To register online visit our website: teamstersvip.unionhub.com/enroll. Or call to enroll: (224) 770-5304.

MAIL: TEAMSTERS VIP
 117 S. Cook Street, #168
 Barrington, IL 60010

Please print clearly and mark carefully.

Required fields are in bold

STEP 1: MEMBER INFORMATION

Fill out the required information below. Enrollment ID:

First Name:		Last Name:		Middle Initial:	
Street Address:					
City:			State:		Zip:
Member Email:			Mobile Phone:		
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Date of Birth: ____/____/____		SSN (last 4 digits):	

Employer:		
Work Status: <input type="checkbox"/> ACTIVE <input type="checkbox"/> NOT ACTIVELY WORKING <input type="checkbox"/> ON DISABILITY		Estimated Annual Earnings (including overtime):
Date hired: ____/____/____	Estimated hours worked annually:	Job Title:

STEP 2: ELECTIONS

In this step, you will review and select which coverages and what amounts you wish to enroll in. To fully understand the coverages available to you, prior to completing this form, please visit www.teamstersvip.com.

Please make sure to do the following:

- Clearly mark which option you wish to enroll in (ensure you select an option that correlates to your age on the effective date of coverage).
- Make sure to only make one selection per line of coverage (STD, LTD, Member Life, Spouse Life, Dependent Life).
- Keep track of your total premium using the front page Benefit Election Worksheet. You will need your premium amounts for the payment section (Pg. 7).

SHORT-TERM DISABILITY (STD)

Below you will find all the available Short-Term Disability options.

To enroll in coverage:

- Determine your desired weekly benefit amount (your elected amount cannot exceed 60% of your weekly earnings).
- Find the premium for that amount and the age bracket that you fall into as of the effective date of coverage.
- Check the corresponding box next to the correct premium for your election.

COVERAGES	MONTHLY COSTS BY AGE BRACKET <i>select one election below.</i>					
MAX WEEKLY BENEFIT	18-29	30-39	40-49	50-59	60-69	70-79
\$200	<input type="checkbox"/> \$11.00	<input type="checkbox"/> \$11.00	<input type="checkbox"/> \$21.00	<input type="checkbox"/> \$31.20	<input type="checkbox"/> \$31.20	<input type="checkbox"/> \$31.20
\$250	<input type="checkbox"/> \$13.50	<input type="checkbox"/> \$13.50	<input type="checkbox"/> \$26.00	<input type="checkbox"/> \$38.75	<input type="checkbox"/> \$38.75	<input type="checkbox"/> \$38.75

* All above premiums include a \$1 technology fee.

LONG-TERM DISABILITY (LTD)

LTD 2 YEAR DURATION OPTION

If you wish to enroll in the 2 year duration option, below you will find all the available benefit amounts for this option.

To enroll:

- Determine your desired monthly benefit amount (your elected amount cannot exceed 60% of your monthly earnings).
- Find the premium for that amount and the age bracket that you fall into as of the effective date of coverage.
- Check the corresponding box next to the correct premium for your election.

COVERAGES	MONTHLY COSTS BY AGE BRACKET <i>Pays a flat monthly benefit for up to 2 years</i>					
MAX MONTHLY BENEFIT	18-29	30-39	40-49	50-59	60-69	70-79
\$1,000	<input type="checkbox"/> \$2.20	<input type="checkbox"/> \$3.70	<input type="checkbox"/> \$6.40	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$22.90	<input type="checkbox"/> \$22.90
\$1,250	<input type="checkbox"/> \$2.50	<input type="checkbox"/> \$4.38	<input type="checkbox"/> \$7.75	<input type="checkbox"/> \$15.38	<input type="checkbox"/> \$28.38	<input type="checkbox"/> \$28.38
\$1,500	<input type="checkbox"/> \$2.80	<input type="checkbox"/> \$5.05	<input type="checkbox"/> \$9.10	<input type="checkbox"/> \$18.25	<input type="checkbox"/> \$33.85	<input type="checkbox"/> \$33.85
\$1,750	<input type="checkbox"/> \$3.10	<input type="checkbox"/> \$5.73	<input type="checkbox"/> \$10.45	<input type="checkbox"/> \$21.13	<input type="checkbox"/> \$39.33	<input type="checkbox"/> \$39.33
\$2,000	<input type="checkbox"/> \$3.40	<input type="checkbox"/> \$6.40	<input type="checkbox"/> \$11.80	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$44.80	<input type="checkbox"/> \$44.80
\$2,250	<input type="checkbox"/> \$3.70	<input type="checkbox"/> \$7.08	<input type="checkbox"/> \$13.15	<input type="checkbox"/> \$26.88	<input type="checkbox"/> \$50.28	<input type="checkbox"/> \$50.28
\$2,500	<input type="checkbox"/> \$4.00	<input type="checkbox"/> \$7.75	<input type="checkbox"/> \$14.50	<input type="checkbox"/> \$29.75	<input type="checkbox"/> \$55.75	<input type="checkbox"/> \$55.75

* All above premiums include a \$1 technology fee.

LIFE AND AD&D - MEMBER

Below you will find all the available Member Life/AD&D options.

To enroll in coverage:

- Determine your desired benefit amount (your elected amount cannot exceed 5x your annual earnings).
- Find the premium for that amount and the age bracket that you fall into as of the effective date of coverage.
- Check the corresponding box next to the correct premium for your election.

MEMBER		MONTHLY COSTS BY AGE BRACKET select one election below.				
COVERAGE	18-29	30-39	40-49	50-59	60-69	70-79
\$10,000	<input type="checkbox"/> \$2.35	<input type="checkbox"/> \$2.55	<input type="checkbox"/> \$3.35	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$17.35	<input type="checkbox"/> \$43.70
\$20,000	<input type="checkbox"/> \$3.70	<input type="checkbox"/> \$4.10	<input type="checkbox"/> \$5.70	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$33.70	<input type="checkbox"/> \$86.40
\$30,000	<input type="checkbox"/> \$5.05	<input type="checkbox"/> \$5.65	<input type="checkbox"/> \$8.05	<input type="checkbox"/> \$22.00	<input type="checkbox"/> \$50.05	<input type="checkbox"/> \$129.10
\$40,000	<input type="checkbox"/> \$6.40	<input type="checkbox"/> \$7.20	<input type="checkbox"/> \$10.40	<input type="checkbox"/> \$29.00	<input type="checkbox"/> \$66.40	<input type="checkbox"/> \$171.00
\$50,000	<input type="checkbox"/> \$7.75	<input type="checkbox"/> \$8.75	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$36.00	<input type="checkbox"/> \$82.75	<input type="checkbox"/> \$214.50
\$60,000	<input type="checkbox"/> \$9.10	<input type="checkbox"/> \$10.30	<input type="checkbox"/> \$15.10	<input type="checkbox"/> \$43.00	<input type="checkbox"/> \$99.10	<input type="checkbox"/> \$257.20
\$70,000	<input type="checkbox"/> \$10.45	<input type="checkbox"/> \$11.85	<input type="checkbox"/> \$17.45	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$115.45	<input type="checkbox"/> \$299.90
\$80,000	<input type="checkbox"/> \$11.80	<input type="checkbox"/> \$13.40	<input type="checkbox"/> \$19.80	<input type="checkbox"/> \$57.00	<input type="checkbox"/> \$131.80	<input type="checkbox"/> \$342.60
\$90,000	<input type="checkbox"/> \$13.15	<input type="checkbox"/> \$14.95	<input type="checkbox"/> \$22.15	<input type="checkbox"/> \$64.00	<input type="checkbox"/> \$148.15	<input type="checkbox"/> \$385.30
\$100,000	<input type="checkbox"/> \$14.50	<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$24.50	<input type="checkbox"/> \$71.00	<input type="checkbox"/> \$164.50	<input type="checkbox"/> \$428.00
\$110,000	<input type="checkbox"/> \$15.85	<input type="checkbox"/> \$18.05	<input type="checkbox"/> \$26.85	<input type="checkbox"/> \$78.00	<input type="checkbox"/> \$180.85	<input type="checkbox"/> \$470.70
\$120,000	<input type="checkbox"/> \$17.20	<input type="checkbox"/> \$19.60	<input type="checkbox"/> \$29.20	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$197.20	<input type="checkbox"/> \$513.40
\$130,000	<input type="checkbox"/> \$18.55	<input type="checkbox"/> \$21.15	<input type="checkbox"/> \$31.55	<input type="checkbox"/> \$92.00	<input type="checkbox"/> \$213.55	<input type="checkbox"/> \$556.10
\$140,000	<input type="checkbox"/> \$19.90	<input type="checkbox"/> \$22.70	<input type="checkbox"/> \$33.90	<input type="checkbox"/> \$99.00	<input type="checkbox"/> \$229.90	<input type="checkbox"/> \$598.80
\$150,000	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$24.25	<input type="checkbox"/> \$36.25	<input type="checkbox"/> \$106.00	<input type="checkbox"/> \$246.25	<input type="checkbox"/> \$641.50
\$160,000	<input type="checkbox"/> \$22.60	<input type="checkbox"/> \$25.80	<input type="checkbox"/> \$38.60	<input type="checkbox"/> \$113.00	<input type="checkbox"/> \$262.60	<input type="checkbox"/> \$694.20
\$170,000	<input type="checkbox"/> \$23.95	<input type="checkbox"/> \$27.35	<input type="checkbox"/> \$40.95	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$278.95	<input type="checkbox"/> \$726.90
\$180,000	<input type="checkbox"/> \$25.30	<input type="checkbox"/> \$28.90	<input type="checkbox"/> \$43.30	<input type="checkbox"/> \$127.00	<input type="checkbox"/> \$295.30	<input type="checkbox"/> \$769.60
\$190,000	<input type="checkbox"/> \$26.65	<input type="checkbox"/> \$30.45	<input type="checkbox"/> \$45.65	<input type="checkbox"/> \$134.00	<input type="checkbox"/> \$311.65	<input type="checkbox"/> \$812.30
\$200,000	<input type="checkbox"/> \$28.00	<input type="checkbox"/> \$32.00	<input type="checkbox"/> \$48.00	<input type="checkbox"/> \$141.00	<input type="checkbox"/> \$328.00	<input type="checkbox"/> \$855.00
\$210,000	<input type="checkbox"/> \$29.35	<input type="checkbox"/> \$33.55	<input type="checkbox"/> \$50.35	<input type="checkbox"/> \$148.00	<input type="checkbox"/> \$344.35	<input type="checkbox"/> \$897.70
\$220,000	<input type="checkbox"/> \$30.70	<input type="checkbox"/> \$35.10	<input type="checkbox"/> \$52.70	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$360.70	<input type="checkbox"/> \$940.40
\$230,000	<input type="checkbox"/> \$32.05	<input type="checkbox"/> \$36.65	<input type="checkbox"/> \$55.05	<input type="checkbox"/> \$162.00	<input type="checkbox"/> \$377.05	<input type="checkbox"/> \$983.10
\$240,000	<input type="checkbox"/> \$33.40	<input type="checkbox"/> \$38.20	<input type="checkbox"/> \$57.40	<input type="checkbox"/> \$169.00	<input type="checkbox"/> \$393.40	<input type="checkbox"/> \$1,025.80
\$250,000	<input type="checkbox"/> \$34.75	<input type="checkbox"/> \$39.75	<input type="checkbox"/> \$59.75	<input type="checkbox"/> \$176.00	<input type="checkbox"/> \$409.75	<input type="checkbox"/> \$1,068.50

* All above premiums include a \$1 technology fee.

LIFE AND AD&D - SPOUSE

Below you will find all the available Spouse Life/AD&D options.

To enroll in coverage:

- You must elect Member Life/AD&D in order to enroll in Spouse coverage.
- Determine your desired benefit amount (it cannot exceed 100% of the Member amount you elected).
- Find the premium for that amount and the age bracket that you fall into as of the effective date of coverage.
 - Spouse premium is based on the Member's age.
- Check the corresponding box next to the correct premium for your election.
- Complete the Spouse Information Section below.

SPOUSE INFORMATION

Fill out your spouse information below. **Skip this step** if you decline spousal life insurance or if this information is not applicable to you.

SPOUSE INFORMATION:

First Name:		Last Name:	
Date of Birth: ____/____/____	Email:	Mobile Phone:	

SPOUSE COVERAGE	MONTHLY COSTS BY AGE BRACKET select one election below.					
	18-29	30-39	40-49	50-59	60-69	70-79
\$5,000	<input type="checkbox"/> \$1.68	<input type="checkbox"/> \$1.78	<input type="checkbox"/> \$2.18	<input type="checkbox"/> \$4.50	<input type="checkbox"/> \$9.18	<input type="checkbox"/> \$22.35
\$10,000	<input type="checkbox"/> \$2.35	<input type="checkbox"/> \$2.55	<input type="checkbox"/> \$3.35	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$17.35	<input type="checkbox"/> \$43.70
\$15,000	<input type="checkbox"/> \$3.03	<input type="checkbox"/> \$3.33	<input type="checkbox"/> \$4.53	<input type="checkbox"/> \$11.50	<input type="checkbox"/> \$25.53	<input type="checkbox"/> \$65.05
\$20,000	<input type="checkbox"/> \$3.70	<input type="checkbox"/> \$4.10	<input type="checkbox"/> \$5.70	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$33.70	<input type="checkbox"/> \$86.40
\$25,000	<input type="checkbox"/> \$4.38	<input type="checkbox"/> \$4.88	<input type="checkbox"/> \$6.88	<input type="checkbox"/> \$18.50	<input type="checkbox"/> \$41.88	<input type="checkbox"/> \$107.75
\$30,000	<input type="checkbox"/> \$5.05	<input type="checkbox"/> \$5.65	<input type="checkbox"/> \$8.05	<input type="checkbox"/> \$22.00	<input type="checkbox"/> \$50.05	<input type="checkbox"/> \$129.10
\$35,000	<input type="checkbox"/> \$5.73	<input type="checkbox"/> \$6.43	<input type="checkbox"/> \$9.23	<input type="checkbox"/> \$25.50	<input type="checkbox"/> \$58.23	<input type="checkbox"/> \$150.45
\$40,000	<input type="checkbox"/> \$6.40	<input type="checkbox"/> \$7.20	<input type="checkbox"/> \$10.40	<input type="checkbox"/> \$29.00	<input type="checkbox"/> \$66.40	<input type="checkbox"/> \$171.80
\$45,000	<input type="checkbox"/> \$7.08	<input type="checkbox"/> \$7.98	<input type="checkbox"/> \$11.58	<input type="checkbox"/> \$32.50	<input type="checkbox"/> \$74.58	<input type="checkbox"/> \$193.15
\$50,000	<input type="checkbox"/> \$7.75	<input type="checkbox"/> \$8.75	<input type="checkbox"/> \$12.75	<input type="checkbox"/> \$36.00	<input type="checkbox"/> \$82.75	<input type="checkbox"/> \$214.50
\$55,000	<input type="checkbox"/> \$8.43	<input type="checkbox"/> \$9.53	<input type="checkbox"/> \$13.93	<input type="checkbox"/> \$39.50	<input type="checkbox"/> \$90.93	<input type="checkbox"/> \$235.85
\$60,000	<input type="checkbox"/> \$9.10	<input type="checkbox"/> \$10.30	<input type="checkbox"/> \$15.10	<input type="checkbox"/> \$43.00	<input type="checkbox"/> \$99.10	<input type="checkbox"/> \$257.20
\$65,000	<input type="checkbox"/> \$9.78	<input type="checkbox"/> \$11.08	<input type="checkbox"/> \$16.28	<input type="checkbox"/> \$46.50	<input type="checkbox"/> \$107.28	<input type="checkbox"/> \$278.55
\$70,000	<input type="checkbox"/> \$10.45	<input type="checkbox"/> \$11.85	<input type="checkbox"/> \$17.45	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$115.45	<input type="checkbox"/> \$299.90
\$75,000	<input type="checkbox"/> \$11.13	<input type="checkbox"/> \$12.63	<input type="checkbox"/> \$18.63	<input type="checkbox"/> \$53.50	<input type="checkbox"/> \$123.63	<input type="checkbox"/> \$321.25
\$80,000	<input type="checkbox"/> \$11.80	<input type="checkbox"/> \$13.40	<input type="checkbox"/> \$19.80	<input type="checkbox"/> \$57.00	<input type="checkbox"/> \$131.80	<input type="checkbox"/> \$342.60
\$85,000	<input type="checkbox"/> \$12.48	<input type="checkbox"/> \$14.18	<input type="checkbox"/> \$20.98	<input type="checkbox"/> \$60.50	<input type="checkbox"/> \$139.98	<input type="checkbox"/> \$363.95
\$90,000	<input type="checkbox"/> \$13.15	<input type="checkbox"/> \$14.95	<input type="checkbox"/> \$22.15	<input type="checkbox"/> \$64.00	<input type="checkbox"/> \$148.15	<input type="checkbox"/> \$385.30
\$95,000	<input type="checkbox"/> \$13.83	<input type="checkbox"/> \$15.73	<input type="checkbox"/> \$23.33	<input type="checkbox"/> \$67.50	<input type="checkbox"/> \$156.33	<input type="checkbox"/> \$406.65
\$100,000	<input type="checkbox"/> \$14.50	<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$24.50	<input type="checkbox"/> \$71.00	<input type="checkbox"/> \$164.50	<input type="checkbox"/> \$428.00

* All above premiums include a \$1 technology fee.

LIFE AND AD&D - DEPENDENT

Below you will find all the available Dependent Life/AD&D options.

To enroll in coverage:

- You must elect Member Life/AD&D in order to enroll in Dependent coverage.
- Determine your desired benefit amount (it cannot exceed 100% of the Member amount you elected).
- Check the corresponding box next to the correct premium for your election.
- Complete the Dependent Information Section below.

DEPENDENT INFORMATION

Fill out your dependent information below. **Skip this step** if you decline Dependent Life insurance or if this information is not applicable to you.

DEPENDENT(S) INFORMATION:

First Name:	Last Name:
Date of Birth: ____/____/____	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:
Date of Birth: ____/____/____	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:
Date of Birth: ____/____/____	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:
Date of Birth: ____/____/____	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:
Date of Birth: ____/____/____	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:
Date of Birth: ____/____/____	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:
Date of Birth: ____/____/____	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT

MONTHLY COSTS select one election below.

COVERAGE	ALL DEPENDENTS UNDER 26 YEARS OLD
\$20,000	<input type="checkbox"/> \$5.40

STEP 4: BENEFICIARY INFORMATION

Fill out your selected beneficiaries. *Skip this step if you declined life insurance.*

4a. PRIMARY BENEFICIARIES: Primary beneficiaries will receive the Group Life and/or Accidental Death and Dismemberment benefits in the event of your death.

First Name:	Last Name:	Date of Birth: ____/____/____
Relationship:	Percent:	
First Name:	Last Name:	Date of Birth: ____/____/____
Relationship:	Percent:	

4b. CONTINGENT BENEFICIARY: Contingent beneficiaries will receive the Group Life and/or Accidental Death and Dismemberment benefits if none of your primary beneficiaries are alive at the time of your passing.

First Name:	Last Name:	Date of Birth: ____/____/____
Relationship:	Percent:	

**Call (224) 770-5304 if you need to list additional beneficiaries.*

STEP 5: TERMS AND AGREEMENT

Read, acknowledge, and sign the below.

ENROLLMENT INFORMATION

Enrollment must occur during an open enrollment period. If you are required to pay for any coverage, the enrollment form must be signed and dated to authorize deductions from your bank account. The payment amounts indicated on this form are estimates and are subject to change based on the final terms and conditions of the policy as well as your salary and age on the effective date of the policy.

AGREEMENT & SIGNATURE

I represent that the information I have provided in this enrollment form is complete, true, and accurate to the best of my knowledge. I understand that any fraudulent statements could lead to coverage being cancelled, a denial of claim, and/or legal action. Should I apply for waived coverage in the future, I understand that evidence of insurability may be required, acceptable to the insurance company, at my own expense. I understand that if coverage is applied for in the future, it must be during an enrollment period or due to a life change event as defined by the policy, and that a waiting period may apply. I understand that payment does not guarantee eligibility for coverage. I understand and agree that I must satisfy all eligibility requirements of the policy, including being an actively working full-dues paying Member of the Local Union who is scheduled to work a minimum of 750 hours for part-time Members per year. I understand that if I fail to meet the minimum hours that it is my responsibility to contact Union One. Failure to notify could result in a loss of payments already made. I understand that I must be actively at work, performing the duties of my occupation when the policy goes into effect.

Coverage will not be effective until approved by the insurance company or its designated underwriter. Submission of this form does not guarantee coverage. The effective date listed on this enrollment form or any other enrollment materials is subject to change. All non-banking administrative and transaction fees are included in the enclosed costs.

I understand and authorize Union One to contact me regarding future open enrollments and renewals via text message or email. By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage. The above requirements will apply unless otherwise stated in the policy, or unless prohibited by any applicable state or federal law.

I understand that payment does not ensure my eligibility for coverage.

Signature of Member: _____ *(your signature is required to process your application)*

Date: ____/____/____

Payment Authorization Form

STEP 6: PAYMENT INFORMATION

Fill out your payment information below. *Your application will not be processed without it.*

First Name:	Last Name:	Middle Initial:
Street Address:		
City:	State:	Zip:

I elect to make my payment once per month
 (Payment dates must be between the 1st and the 26th)
 Payment date each month will be: _____

I elect to split my payment into two equal payments per month
 (Payment dates must be between the 1st and the 26th)
 1st payment date each month: _____
 2nd payment date each month: _____

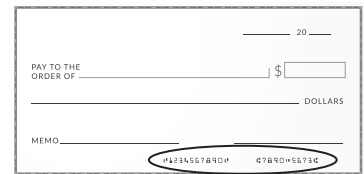
TOTAL MONTHLY STD (Pg. 2)	\$
TOTAL MONTHLY LTD (Pg. 2)	\$
TOTAL MONTHLY MEMBER LIFE AND AD&D COST (Pg. 3)	\$
TOTAL MONTHLY SPOUSE LIFE AND AD&D COST (Pg. 4)	\$
TOTAL MONTHLY DEPENDENT LIFE AND AD&D COST (Pg. 5)	\$
Processing fee:	\$1.00 per payment
TOTAL MONTHLY PAYMENT:	\$

* Deduction(s) will show up on your bank account statement as "UnionHub".

Checking Account Savings Account

Routing number (Starts with 0, 1, 2, or 3): _____

Account number: _____



000000000 | 1234567890 | 1234
 ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

I authorize the above organization to process debit entries to my account. I understand that this authorization will remain in full force and effect until I notify in writing that I wish to revoke this authorization. I understand that requires at least 30 days notice prior to my next payment date to cancel this authorization. I understand that rates and benefits may change at or before renewal and I authorize my ACH payments to be adjusted accordingly. I agree not to dispute this recurring transaction with my bank provided the transaction corresponds to the terms indicated in this authorization form.

Signature of Account Holder: _____ (your signature is required to process your application)

Date: _____/_____/_____