

**UNION 241 DUES AUTHORIZATION FORM**

**PARTICIPANT'S INFORMATION**

First Name	Middle Name	Last Name		
Street Address	Apt. Number	City	State	Zip Code
Home Phone Number	Mobile Phone Number	Email		
Badge Number	Retirement Number	Social Security Number		

**LOCAL UNION SELECTION**

I elect to:

Accept	I hereby request to remain a member of ATU Local 241 in retirement and authorize the monthly membership fee to be deducted from my pension benefit. I understand that my request to remain in the union will be determined by Local 241. The union will contact me as to what liabilities, if any, I may have at the time of this request. Should it be determined that I am a member in good standing, I will be eligible to vote in future union elections and a single sum burial benefit will be paid to my beneficiary(ies) upon my passing.
Decline	I hereby decline membership with ATU Local 241. I understand that by declining union membership, the single sum burial benefit offered by ATU Local 241 will NOT be paid out to my beneficiary(ies) upon my passing. I further understand that I will no longer be eligible to vote in future union elections.
Disability- Accept	I hereby request to remain a member of ATU Local 241 as a retiree under disability pension. I understand that it is my responsibility to contact my union office for information on my current membership status. If my membership has been suspended for non-payment of dues during the duration of my disability with CTA, payment of those dues may be required before obtaining good standing. I also understand that the period of time in which dues have not been paid may make me ineligible to be reinstated as a union member.  Benefits of union membership as a disability retiree include voting in future elections, in addition to a single sum burial benefit being paid out to my beneficiary(ies) upon my passing. I further understand that my request to remain in the union will be solely determined by Local 241. The union will notify the Pension Department of their findings.

**SIGNATURES**

**I understand that the burial benefits mentioned above are separate from the single sum death benefit offered by the Retirement Plan for CTA Employees**

Participant's Signature	Date
Signature of Pension Representative	Date

**LOCAL UNION DETERMINATION**

Approved	Rejected	Requested Start Date for Deductions: _____
Signature of Local Union Representative		Date