

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 308 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 308. 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 308. I understand that by declining union membership, the single sum burial benefit offered by ATU Local 308 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 308 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 308. 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 _____