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NOTICE TO TERMINATE OR REINSTATE ELIGIBILITY FOR BENEFITS

NAME OF MEMBER: (LAST) (FIRST) (MIDDLE) DOB: (MM/DD/YYYY)

SOCIAL SECURITY #: UFCW LOCAL:

ADDRESS: (STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

TERMINATE ELIGIBILITY []

(NAME OF EMPLOYER WHERE LAST EMPLOYED)

(STORE ADDRESS - STREET & CITY)

(DATE LAST WORKED - DAY/MONTH/YEAR)

(DATE ELIGIBILITY TO TERMINATE)

REASON FOR TERMINATION - CHECK [X] ONE

- ENTERED FULL-TIME MILITARY []
LEFT INDUSTRY []
EXEMPT FROM BARGAINING UNIT []

If you are returning to Covered Service an Enrollment Form and Authorization to Deduct Form must also be submitted. Please go to UFCWTrust.com to find the necessary forms.

REINSTATE ELIGIBILITY []

(EMPLOYER PRIOR TO EXITING UNION & DATE LAST WORKED)

(NAME OF EMPLOYER WHERE NEWLY EMPLOYED)

(STORE ADDRESS - STREET & CITY)

(EFFECTIVE DATE OF HIRE - DAY/MONTH/YEAR)

(DATE ELIGIBILITY TO BE REINSTATED)

OTHER EMPLOYMENT BETWEEN LAST WORK AS A UNION MEMBER AND RETURN TO THE UNION

(EMPLOYER) (DATES)

(EMPLOYER) (DATES)

(EMPLOYER) (DATES)

REASON FOR REINSTATEMENT - CHECK [X] ONE

DATE RETURNED FROM MILITARY []

IN ADDITION, MAKE SURE TO COMPLETE THE MILITARY RETURN FORM.

DATE EXEMPT FROM BARGAINING UNIT []

DATE RETURNED TO BARGAINING UNIT []

BE SURE TO COMPLETE A NEW HEALTH AND WELFARE ENROLLMENT FORM

X (SIGNATURE OF ELIGIBLE EMPLOYEE) SIGNED)

(DATE)