P.O. Box 4100 · Concord, CA 94524-4100
Telephone: (800) 552-2400 · Facsimile: (925) 746-7549
www.ufcwtrust.com

NOTICE OF RETURN FROM ARMED FORCES

COMPLETE AND MAIL IMMEDIATELY TO APPLY FOR HEALTH AND WELFARE COVERAGE

______________________________ ______________________ __________
(NAME OF MEMBER) (SOCIAL SECURITY NUMBER) (UFCW LOCAL)

______________________________ ______________________ ______ ____________
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

______________________________ ______________________________
(EMPLOYER PRIOR TO ENTRY INTO ARMED FORCES) (DATE LAST WORKED PRIOR TO ENTRY)

______________________________ ______________________________
(NAME OF FIRST EMPLOYER AFTER DISCHARGE) (DATE OF RE-EMPLOYMENT AFTER DISCHARGE)

IMPORTANT: ATTACH A COPY OF YOUR MILITARY DISCHARGE ORDERS AND COMPLETE A NEW WELFARE FUND ENROLLMENT FORM.

X______________________________________ ______________________
(SIGNATURE OF ELIGIBLE EMPLOYEE) (DATE SIGNED)

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