Enrollment for the GROUP LEGAL SERVICES for

Members of the NATIONAL POSTAL MAIL HANDLERS UNION (NPMHU)

Complete this form and return to:

Union Member Benefits Plan
P.O. Box 12009
Cheshire, CT 06410

Member Information Please print in ink or type all answers

_____, _____ _____
Last Name First MI

_____ _____ _____ _____
Home address – street City State Zip code

_____ (____)_____
Email Phone Number

_____
Local

_____ _____-_____-_____ ☐Male ☐Female
Date of Birth (MM/DD/YY) Social Security Number Sex

Any dependent spouse or child(ren) are covered under this plan automatically.

I AUTHORIZE **$7.71** TO BE DEDUCTED FROM MY PAYCHECK EVERY PAY PERIOD AND I AGREE TO THIS PROCEDURE FOR A MINIMUM OF ONE YEAR.

I understand that coverage for myself and eligible dependents will become effective the first payday my premium is deducted.

This Plan may be automatically renewed unless further instructions are received under my direction.

X_____ _____
Member Signature (sign in ink) Date

PLEASE NOTE: You must notify the Union Member Benefits Plan of any address change, employment or union membership status change, life status change (i.e., marriage, divorce, beneficiary or name change) or benefit changes requested. Notice must be in writing.

NOTE: If you have made corrections or strikeouts on this application, the Member MUST initial them.

Union Member Benefits Plan
Benefits for Member of the
National Postal Mail Handlers Union