

**I.B.E.W. LOCAL 1158**  
**DISABILITY PLAN DEDUCTION FORM**  
**FOR**  
**COUNTY OF ESSEX MEMBERS**

EMPLOYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY	STATE	ZIP CODE
------	-------	----------

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPT: \_\_\_\_\_ DIV: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

YOU ARE HEREBY AUTHORIZED TO DEDUCT FROM MY SALARY THE SUM OF \$4.00 PER PAY PERIOD. SAID DEDUCTION IS TO BE TURNED OVER TO I.B.E.W. LOCAL 1158 AS THE EMPLOYEE'S SHARE TOWARD THE I.B.E.W. LOCAL 1158 DISABILITY PLAN.

EMPLOYEE'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

I HEREBY REJECT THE OPPORTUNITY OF JOINING THE DISABILITY PLAN AND REALIZE THAT I WILL NOT BE ELIGIBLE TO JOIN AGAIN UNTIL JANUARY 1<sup>ST</sup> OF NEXT YEAR.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

FEES COVERED BY THIS AUTHORIZATION ARE NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

\*\*\*\*\*

**FOR COUNTY USE ONLY**

REVIEWED AND APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(INITIALS)

RECORDED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(INITIALS)

PROCESSED TO PAYROLL BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_