

INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

LOCAL NO. _____ 18

NATIONAL ELEVATOR INDUSTRY BENEFIT PLAN STATUS UPDATE

Member Name: _____

S.S. No.: _____

From a Company:	Effective Date	Comment / Reason
Quit / Resigned	_____	_____
Fired	_____	_____
Laid-Off - lack of work	_____	_____
Disability - Job related	_____	_____
Disability - Non-job related	_____	_____
Transfer into Salaried Position	_____	_____
Other (Explain Reason)	_____	_____

Into a Company:	Effective Date	Comment / Reason
Rehired	_____	_____

From Elevator Industry:	Effective Date	Comment / Reason
Retired	_____	_____
Terminated - Left Industry	_____	_____
Permanent Disability	_____	_____
Military Leave	_____	_____
Deceased	_____	_____
Other (Explain Reason)	_____	_____

From the Union:	Effective Date	Comment / Reason
Withdrawal	_____	_____
Expelled	_____	_____
Terminated - Went Non-Union	_____	_____

Union Local Transfer:	Effective Date	Comment / Reason
from Local _____ into OUR Local _____	_____	_____
into Local _____ from OUR Local _____	_____	_____

Additional Comments:

Send completed form to Eligibility@neibenefits.org OR fax to 610-325-9028

Business Manager / Rep: _____ T. Gazzaniga / K. Branson _____ Date: _____