

**Enrollment for the GROUP LEGAL SERVICES BENEFIT PLAN
for Members of the AMERICAN POSTAL WORKERS UNION (APWU)**

Complete this form and return to:
VOLUNTARY BENEFITS PLAN®
P.O. Box 12009
Cheshire, CT 06410

Voluntary Benefits Plan®
Benefits for Members of the
American Postal Workers Union

MEMBER INFORMATION

PLEASE PRINT IN INK OR TYPE ALL ANSWERS

Member's Name: _____ Social Security Number: _____
Last Name First Middle Initial

Home Address: _____
Street City State Zip Code

E-mail Address: _____ Local: _____

Home Phone: (____) _____

Date of Birth: ____/____/____ Sex: Male Female
(MM/DD/YYYY)

SPOUSE'S FULL NAME (Last, First, Mid. Init.)			Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
1. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	3. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	4. (Child Name)	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female

Are you now at FULL-TIME WORK? Yes No Date of Hire: ____/____/____
(MM/DD/YYYY)

I AUTHORIZE \$7.75 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 90 days from the first payday my premium is deducted from my paycheck (except for Domestic Relations which has a 6-month waiting period).

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

Member Signature X (Sign in ink) ____/____/____
Date

PLEASE NOTE: You must notify the Voluntary 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.