

TEEBA

THE ELECTRIC EMPLOYEE BENEFIT ASSOCIATION

APPLICATION FOR MEMBERSHIP

First Name _____ (MI) _____

Last Name _____

Full Address _____

Email Address _____

Phone # _____ SS# (only last 4 digits) XXX-XX _____

Position/Title _____

Employment Date _____ / _____ / _____

Are you insured under the Company Insurance Plan? _____

Do you have a Secondary Insurance? If yes, please provide the plan: _____

I, _____ (print name) do hereby apply for membership in the Electric Employee Benefit Association, and consent and agree to be bound by all the rules and regulations of said Association now and hereafter adopted.

I do further acknowledge consent and agree that any untrue or fraudulent statement made by me herein, or any concealment of acts in this application, or my resignation from the service of said Company, or my being relieved from employment or pay therein at the pleasure of said Company, or its proper officers, or any violation by me of any other provision of the by-laws, rules or regulations of said Association shall forfeit my membership in said Association and all of the rights or claims of my beneficiaries in and to the relief and benefits provided by the by-laws, rules and regulations of said Association, except that my leaving the service shall not deprive me of any benefits in the payment of which I shall have previously become entitled by reason of accident or sickness occurring while in such service, this provision applying to and covering only such benefits as are due and payable to me on the date of my services with the Company are terminated and after I have left the service of the Company for any cause, neither I nor my beneficiaries shall thereafter have any claim on the Association or the Company, on account of dues or assessment previously paid to the Association, save as herein before or hereafter provided.

I further agree that my dues, in amount as laid down by the by-laws of said Association may be deducted in advance by the Treasurer, or other appropriate officer of the company from my pay for each month on the payroll of the last period previous month, and turned over by said Treasurer, or other appropriate officer of the Company to the Treasurer of this Association, and any assessments made on me by such Association shall be paid in the same manner.

Signature of Employee:

_____ Date _____

Approved: _____ Date _____