A

RETURN:
ATTACHED FORMS TO
BEFORE THE 12TH (EFFECTIVE DATE: 1ST DAY OF THE NEXT MONTH)*

PROTECT YOUR PAYCHECK!

Protect your most important asset- **Your ability to earn an income**

AFGE is offering a new voluntary benefit plan:

Short Term Disability Income Insurance

This plan can provide a tax-free monthly benefit should you be off work due to any covered illness or off the job accident. The coverage provides members a monthly check for both expected and unexpected losses of income. (Expected loss of income like maternity, or the unexpected like a car accident or serious illness.)

Guaranteed Issue During this enrollment period, new Members are eligible to receive, core coverage (50% of your monthly income up to $5,000) without answering health questions - and you cannot be turned down. Members who were eligible during our previous enrollment but did not apply may still apply for coverage with a simple three question application.

Payments Direct to You
This policy will pay a monthly **tax free** benefit to you. It pays in addition to your Federal sick and annual leave, but will not pay in addition to Workers Compensation.

Significant Coverage Amounts
Members can insure up to 60% of your monthly income. ($5,000 per month maximum)

Affordable
Coverage is available to you at affordable rates that are determined by your needs.

Yours to Keep
You can keep your coverage and pay the same rates if you retire or take another job.

Payroll Deducted
Premiums are paid automatically from your paycheck so you have one less bill to think about.

Flexible
Individual members can customize a plan that best fits your needs and your budget.

- ☑ Select Benefit Amounts from $400 to $5,000 per month
- ☑ Select the Max benefit period from 6 months to 24 months
- ☑ Members can choose a 7, 14, or 30 day waiting period for a covered illness
- ☑ No Elimination Period for Accidents

5 Different Plan Options!
Enroll today or call to find out more information!

WHEN: **Enroll by the 12th of the month for a coverage effective date on the 1st of the next month.**

HOW: To request a copy of the forms and/or to let us know your interested, please send an EMAIL to

WHERE: **Got a Question?** , your Local Benefit Specialist, can help you. **TEXT** questions & contact information to **or EMAIL to**

IMPORTANT INFORMATION! PLEASE NOTE!

DISABILITY APPLICATION DEADLINES:

Enroll by the 12th of the month and your disability coverage becomes effective on the 1st of the next month.

FIRST PAYROLL DEDUCTION:

The first deduction will take place on the first pay period, in the month the policy is effective.

HOW TO RETURN YOUR DISABILITY INFORMATION:

1.) IN PERSON to your Local Union Benefits Specialist:

2.) SCAN & EMAIL the enrollment forms to:

BENEFIT ARCHITECTS

A

Protect your paycheck with Union Member Disability Insurance!

You are eligible for up to 60% of your gross salary (50% at guaranteed issue)
Choose from a Monthly Benefit from $400-$5,000 (in $100/month increments)

Monthly Benefit & Biweekly Premiums (Age at Issue):

OPTION 1:

0-day Off-Job Accident,

7-Day Sickness/Illness Waiting Period &

6-month Benefit Period

Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
$1,000	**$21/pp**	$27/pp
$1,500	$32/pp	$41/pp
$2,000	$42/pp	$54/pp
$2,500	$52/pp	$68/pp
$3,000	$63/pp	$81/pp
$3,500	$73/pp	$94/pp
$4,000	$83/pp	$108/pp
$4,500	$94/pp	$121/pp
$5,000	$104/pp	$135/pp

OPTION 2:

0-day Off-Job Accident,

14-Day Sickness/Illness Waiting Period &

6-month Benefit Period

Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
$1,000	$16/pp	$21/pp
$1,500	$24/pp	$31/pp
$2,000	$32/pp	$41/pp
$2,500	$40/pp	$52/pp
$3,000	$48/pp	$62/pp
$3,500	$56/pp	$72/pp
$4,000	$64/pp	$82/pp
$4,500	$72/pp	$93/pp
$5,000	$79/pp	$103/pp

OPTION 3:

0-day Off-Job Accident,

14-Day Sickness/Illness Waiting Period &

12-month Benefit Period

Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
$1,000	$20/pp	$26/pp
$1,500	$29/pp	$39/pp
$2,000	$39/pp	$52/pp
$2,500	$49/pp	$65/pp
$3,000	$58/pp	$77/pp
$3,500	$68/pp	$90/pp
$4,000	$78/pp	$103/pp
$4,500	$87/pp	$116/pp
$5,000	$97/pp	$129/pp

Open Season ends on the 12th of the month

Contact Local Benefits Specialist,

PHONE EMAIL

to take advantage of this benefit!

BENEFIT ARCHITECTS

A

Protect your paycheck with Union Member Disability Insurance!

SAMPLE PLANS & MONTHLY BENEFITS (PAGE 2 of 2)

You are eligible for up to 60% of your gross salary (50% at guaranteed issue)
Choose from a Monthly Benefit from $400-$5,000 (in $100/month increments)

Monthly Benefit & Biweekly Premiums (Age at Issue):

OPTION 4:

0-day Off-Job Accident,

30-Day Sickness/Illness Waiting Period &

12-month Benefit Period

Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
$1,000	$14/pp	$19/pp
$1,500	$21/pp	$29/pp
$2,000	$28/pp	$38/pp
$2,500	$35/pp	$48/pp
$3,000	$42/pp	$57/pp
$3,500	$49/pp	$66/pp
$4,000	$56/pp	$76/pp
$4,500	$63/pp	$85/pp
$5,000	$70/pp	$95/pp

OPTION 5:

0-day Off-Job Accident,

30-Day Sickness/Illness Waiting Period &

24-month Benefit Period

Monthly Benefit	(Issue Ages 18-49)	(Issue Ages 50-69)
$1,000	$20/pp	$30/pp
$1,500	$29/pp	$44/pp
$2,000	$39/pp	$59/pp
$2,500	$49/pp	$73/pp
$3,000	$58/pp	$88/pp
$3,500	$68/pp	$103/pp
$4,000	$78/pp	$117/pp
$4,500	$87/pp	$132/pp
$5,000	$97/pp	$146/pp

Open Season ends on the 12th of the month

Contact Local Benefits Specialist,

PHONE EMAIL

to take advantage of this benefit!

Voluntary Individual Short Term Disability insurance

If you're sidelined, will your bank account be disabled?

Help protect your finances with Unum's Individual Short Term Disability insurance.

How much is enough for your lifestyle?

Janet has worked hard to become an ICU shift supervisor. She's got a great marriage and a brand new home. Now she wants a baby. She doesn't want to choose between making the house payment and taking maternity leave. She wants the best of both worlds.

Who's at risk?

- Every ten minutes 441 people will suffer disabling injuries in the United States — that's 20 million each year.[1]
- About two-thirds of disabling injuries suffered by American workers are not work-related, so they are not covered by workers' compensation.[2]
- Three out of every 10 employees between the ages of 35 and 65 will be out of work for three months or longer due to an injury or illness.[3]

Disability benefits to help keep your account up and running

Individual Short Term Disability insurance can pay you a percentage of your gross monthly salary if you become ill or injured due to a covered disability. You can choose monthly benefit amounts from $400 to $5,000. You can use it any way you choose.

MY WORKSHEET

(This worksheet may help you decide how much coverage you need.)

Monthly expenses you should consider

Mortgage/rent	$ _______
Transportation *(gas, car payments, repairs)*	$ _______
Utilities *(electric, water, cable, Internet)*	$ _______
Insurance *(health, life, car, home)*	$ _______
Food & clothing *(groceries, restaurants)*	$ _______
Education *(tuition, books, supplies)*	$ _______
Loans/credit card debt	$ _______
Child care/elder care	$ _______
Savings contributions *(retirement)*	$ _______
Medical costs *(doctor visits, medications)*	$ _______
Total monthly expenses	$ _______
Current monthly income *(after taxes)*	$ _______
Total monthly income if disabled	$ _______
Less total monthly expenses *(from above)*	$ _______
Monthly surplus or shortfall	$ _______

(For illustrative purposes only.)

How to apply)

Open Season ends on the 12th of the month

Contact Local Benefits Specialist,

PHONE EMAIL

to take advantage of this benefit!

Get the coverage you need.

Individual Short Term Disability insurance is offered to all eligible employees ages 17 to 69[4] who are actively at work. You decide if it's right for you.

Four reasons to buy this coverage at work

1. You own the policy so you can keep it even if you leave the company or retire. Unum will bill you directly for the same premium amount.
2. Coverage becomes effective on the first day of the month in which payroll deductions begin.
3. Your policy is guaranteed renewable, until age 72, as long as you pay the premiums on time.
4. Affordable premiums are based on your age on the policy effective date and are deducted from your paycheck.

Get the options you need

You can choose from the following options:

Benefi t period

If you become disabled, this is the maximum amount of time you can receive benefi ts for a covered disability.

Elimination period

This is the number of days that must pass between your fi rst day of a covered disability and the day you can begin to accrue your disability benefi ts.

Benefi t amount

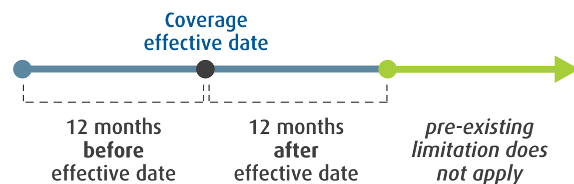
Choose a monthly benefi t between $400 and $5,000 for an illness or off-the-job injury disability. Coverage of up to 60%[5] of your gross monthly salary may be offered.

Features that add value

A waiver of premium — included at no extra charge for covered injuries and illnesses. It means you don't have to pay your premiums after 90 days of total disability or the elimination period (whichever is longer). They'll be waived as long as the disability continues, up to the maximum benefi t period.

Policy provisions

Pre-existing condition limitation[6] — If you have a pre-existing condition* within a 12-month period before your coverage effective date, benefits will not be paid for a disability period if it begins during the first 12 months the policy is in force.



*A pre-existing condition is a condition for which symptoms existed (within 12 months before your coverage effective date) that would cause a person to seek treatment from a physician or for which a person was treated or received medical advice from a physician, or took prescribed medicine. The determination on whether your condition qualifies as pre-existing will be based on the date of disability and not the date you notify Unum.

Pregnancy[7] — Nine months after coverage becomes effective, pregnancy is considered the same as any other covered illness. The available monthly benefits will be paid upon fulfillment of the elimination period. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered sickness, subject to the pre-existing condition limitation.

My Short Term Disability coverage

Amount I applied for: $ ____________

Cost per pay period: $ ____________

Date deductions begin: ___/___/___

(For your records — complete during your enrollment)

For AFGE Members:

Open Season ends on the 12th of the month

Contact Local Benefits Specialist,

PHONE EMAIL

to take advantage of this benefit!

Three-month benefit period is not available in NJ and VT.

1 National Safety Council, "Report on Injuries in America, 2005-2006," page 31.
2 National Safety Council, "Injury Facts," 2005-2006 edition, page 52.
3 Commissioners Individual Disability Table A, Society of Actuaries, 1985.
4 In CA, coverage is offered to eligible employees ages 17 to 64.
5 Coverage in CA, HI, NJ and RI is limited to 40%.
6 Six-month pre-existing condition period in ID and NV; and TX (for applicants 65+)
7 Nine-month giving-birth exclusion is not applicable in KS, MT and OK.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefi ts payable. For complete details of coverage and availability, please refer to Policy Form L-21776 or see your Unum representative.

Underwritten by the following subsidiary of Unum Group: Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402. www.unum.com

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For employee information
VB-679 (7-07)

BENEFIT ARCHITECTS

SUMMARY OF VOLUNTARY BENEFITS

Type of Insurance	Monthly Benefit Amount	Premium Per Bi-weekly Paycheck
Short Term Disability	**$**	**$**
Elimination Period (Length of time before benefits are payable)	_______ Days for Off Job Injury _______ Days for Illness	**Admin. Fee: $**
Benefit Period (Maximum time benefits may be payable)	_______ Months	**Total Payroll Deductions:**

If you choose to elect coverage, please read the following.

1. DEDUCTIONS:
   a. I understand that the premium above will be deducted from my first paycheck in___________.
   b. I understand that if payroll deductions do not occur, it is my responsibility to pay these premiums directly to the Insurance Carrier; otherwise my coverage may be canceled. ___________**PLEASE INITIAL**

2. POLICY:
   a. I understand that I should receive a welcome letter in the mail 6-8 weeks after the voluntary benefit enrollment period ends.
   b. I understand it is important to review the policy when I receive it.
   c. I understand that coverage is not effective until_____/_____/_____ .
   d. I understand that this policy does not cover elective or cosmetic surgery. ___________**PLEASE INITIAL**
   e. I understand that mental health coverage is only offered in VT and CA. ___________**PLEASE INITIAL**

3. SHORT TERM DISABILITY INCOME PROTECTION INFORMATION
   a. I have been informed that the Short Term Disability Income protection is a separate policy in addition to the coverage that may or may not be provided by my employer.
   b. PRE-EXISTING CONDITION
      i. A condition for which medical advice or treatment was recommended by or received from a Doctor; or the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment, within 12 months before the policy effective date.
      ii. The policy effective date is_____/_____/_____ and is the date coverage becomes effective.
      iii. If I become disabled due to a pre-existing condition after the policy effective date, benefits will not be paid if that disability begins during the first 12 months the policy is in force. ___________**PLEASE INITIAL**
   c. PREGNANCY
      i. Nine months after coverage becomes effective, pregnancy is considered the same as any other covered illness. The available monthly benefits will be paid upon fulfillment of the elimination period. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered illness, subject to the pre-existing condition limitation. A normal delivery covers 6 weeks of disability (6 weeks, minus your illness elimination period). ___________**PLEASE INITIAL**
   d. I have received an electronic copy of the outline of coverage, which contains policy exclusions and definitions that are important to me understanding my coverage: ___________**PLEASE INITIAL**

I hereby authorize the third party administrator (TPA) to receive my payroll deduction into their Frost National Bank Premium Trust Account. I also authorize the TPA to distribute the amount indicated to my disability policy. I understand that for the convenience of payroll deduction, the administrative fee paid to TPA will be non-refundable.

Applicant Name: ______________________________

Applicant Signature: ____________________________

Date: _____/ ______/ _____

Benefit Specialist Printed Name: ______________________

Benefit Specialist Signature: __________________________

If you have any questions regarding your Short Term Disability Income Protection election prior to your first payroll deduction, please call toll free (800) 733-7236 ext. 1000.

BENEFIT ARCHITECTS

UNUM Member Information Form

First Name | Last Name | SSN | Date of Birth | Age | Sex

Address | City | State | Zip | Height (Ft / In) | Weight

Personal Email Address | Cell Phone Number | Work Phone Number | Date of Hire | Salary | AFGE Local/Location

Occupation | Active @ Work (YES / NO) | Monthly Benefit | Risk Class | Accident Elim | Sickness Elim | Benefit Period | Biweekly Premium

Will coverage applied for replace or modify any disability insurance? If "Yes", provide details below and complete and submit required replacement forms if needed.....

YES NO

Insurance Company | Policy # | Monthly Benefits

Do you have any group (excluding employer paid) or individual disability insurance now in force with us or any other company that <u>will not</u> be replaced or modified? If "Yes", give details...

YES NO

Insurance Company | Elimination/Benefit Period | Monthly Benefits

Health Questions

Check/Circle Yes or NO

1	Have you (Applicant) tested positive for the HIV virus or its antibodies, or been diagnosed with or receivd treatment for aquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC)	Y N
2	In the past **12 months,** other than your colds, flu or normal pregnancy taken time off from work or taken vacation for 5 or more consecutive days due to an accident, sickness, back, knee, neck, shoulder, joint or muscular disorder?	Y N
3	In the past 12 months, have you received medical advice, sought treatment, including medication, or been hospitalized for any of the following: - Heart Attach/Heart Surgery - Congestive Heart Failure - Stroke/Transient Ischemic Attack (TIA) - High Blook Pressure treated with 3 or more medications - Insulin Dependent Diabetes - Cancer (excepts basal cell skin cancer) - Hepatitis B & C - Cirrhosis	Y N

Customer Signature

Signature Date

BENEFIT ARCHITECTS

Your Local Agent

BENEFIT ARCHITECTS

FASTSTART DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME (as on payroll records)

(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

☐ Checking

☐ Savings

TYPE OF PAYMENT

☐ Net Pay

☐ Travel

☐ Other Federal employment related payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)

A voided personal check/sharedraft may be attached in lieu of completing this section
See instructions on back of this form.

ROUTING TRANSIT NUMBER Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE ____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME ____

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)

☒ Savings (whole dollar amounts only)

☐ Discretionary or Third Party

TYPE OF ACCOUNT (Check One)

☐ SAVINGS

☒ CHECKING

ACTION (Check One)

☐ START

☐ CANCEL

☐ CHANGE

AMOUNT (Check One)

☐ INCREASE TO:

☐ DECREASE TO:

New Total $____________

ALLOTTEE NAME (person/company who will receive allotment) Frost National Bank

ALLOTTEE'S ROUTING NUMBER 11400009 3
Check Digit

ALLOTTEE'S ACCOUNT NUMBER 0870009458

ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name) Frates Benefit Administrators

FINANCIAL INSTITUTION NAME Frost National Bank

5. AUTHORIZATION

* ____ EMPLOYEE'S SIGNATURE ____ DATE

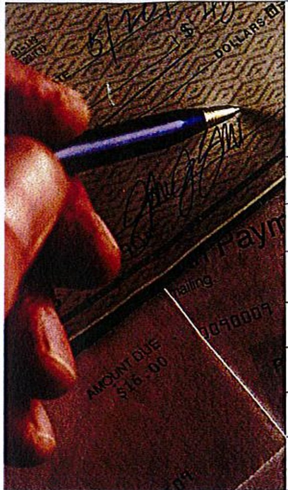
6. AGENCY USE:

FMS FORM 11-92 2231
EDITION OF 4-90 IS OBSOLETE

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

The AFGE Difference

Don't sell yourself short. Representation in statutory appeals is FREE for AFGE MEMBERS. If you are not a member and you find yourself in need of an attorney, these cases can cost you thousands.



Non-Member REPRESENTATION BY PRIVATE ATTORNEYS	Issue	AFGE Member REPRESENTATION
$1,500*	Letters of Reprimand	No Cost
$5,000*	Suspension of 14 days or less	No Cost
$10,000*	Suspension of 14 days or more	No Cost
$12,000*	Termination/Removal	No Cost
$10,000*	E.E.O.C.	No Cost
$4,500*	Workers' Compensation	No Cost

**Minimum estimated cost to hire attorney at $250.00/hr.*

Under current and case law in the U.S. Court of Appeals for the District of Columbia, ***federal unions have no duty to represent non-members in statutory appeal procedures***. In the leading case on this issue, the federal court found the union did not have a duty to represent an inspector fired by the Bureau of Alcohol, Tobacco and Firearms. The discharged employee was a member of a certified bargaining unit, but not a member of the labor organization.

Don't sell yourself short. Representation in statutory appeals is FREE for AFGE MEMBERS. If you are not a member and you find yourself in need of an attorney, these cases can cost you thousands.

Encouraged by the public's belief that federal employees cannot be fired, Congress has enacted legislation making it easier for managers to discharge government employees. Federal employees must decide whether to purchase representation/protection by joining the union or risk huge legal bills if you ever need representation.

AFGE membership can make a huge difference when it comes to representation. You work too hard to leave yourself unprotected. Join AFGE Today! Go to ***www.afge.org*** to find out more information.

Membership Makes the Difference. JOIN AFGE!

Form 1187 Rev. April 2016

REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Section 5525 of title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: I) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

PLEASE PRINT IN BLOCK UPPERCASE LETTERING USING BLACK/BLUE INK.

1. Last Name ______ First ______ M.I. ______

2. Home Address ______ Unit # ______

City ______ State ______ Zip code ______ 3. Employee SSN ___ – __ – ____ 4. Date of Birth - MM/DD/YY __/__/__

5. Home Phone Number ______ 6. Personal Cell Phone Number (preferred) ______ 7. Office Phone Number ______ x Extension ______

8. Primary Personal Email (Not your government email address) ☐ Opt Out Email

☐ I would like to receive text messages from AFGE.

9. Name of Agency ______

☐ I give permission for AFGE to invite me to robocalls and tele-town halls via my personal cell phone.

Section A - Authorization by Employee

I hereby authorize the agency named above to deduct from my pay each pay period, or the first full pay period ofeach month, the amount certified below as the regular dues of the:

American Federation of Government Employees C ______ (Council # (if applicable)) L ______ (Local #)

and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the below named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency.

Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at the left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee ______ Date Signed MM/DD/YY __/__/__ Gender (Optional) ☐ F ☐ M ☐ Other

FOR COMPLETION BY AGENCY ONLY - The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES" send this form to payroll. If"NO" return this form to the labor organization.) ☐ Yes ☐ No

Section B - For Use by Labor Organization

Name of Labor Organization (Indicate Local)

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL ______ **I. D. Code:** ______

I hereby certify that the regular dues of this organization for the above named member are currently established at $ ______ per biweekly pay period.

Signature and Title of Authorized Official ______ Date signed MM/DD/YY __/__/__

REBATE REQUEST FORM *

Fax to ______ Membership Type ☐ Full-time ☐ Part-time

New Member

I hereby certify that I have received a rebate from Local ______ in the amount of ______

Name ______ Signature ______ Date ______

Recruiter

I hereby certify that I have received recruiter bonus from Local ______ in the amount of ______

Recruiter Name ______ Signature ______ Date ______

Recruiter SSN ______ Local # ______

Current Address ______ City ______ State ______ Zip ______

Notes ______

***IRS Form 1099 or W-2 will be issued based on current income tax laws by the payer.**