

LABORERS' NATIONAL HEALTH AND WELFARE FUND



APPLICATION FOR PARTICIPATION IN THE LABORERS' NATIONAL FUND

To the Board of Trustees of the Fund:

The undersigned Union hereby applies to the Board of Trustees to accept into participation in the Fund the below described group:

Name of Employer: _____

Mailing Address: _____

Work Place Location: _____

Employer Contact Person's Name: _____

Employer's Telephone Number: _____

Employer's Fax Number: _____

Employer's Website: _____

Employer's E-Mail Address: _____

Employee Group is (check one): All Employees in bargaining unit
represented, by the Union; or

All non-bargaining unit (Special Class) Employees of
the Employer

The Union expects to negotiate with the Employer to contribute to the Fund at the rate of \$
_____ per _____ (hour /month) paid.

The Union expects that the effective date of contributions would be _____, 20 ____, if the group is accepted into participation by the Board of Trustees.

Enclosed with this Application is an Employee Census Data Form listing all of the employees in the group with their Name, Date of Hire, and Date of Birth.

We understand that the Fund will have its actuary study the characteristics of the group as part of the Board of Trustees' consideration of this Application, and that the Board may impose special terms and conditions for acceptance of the group depending on actuary's opinion.

Union: _____

Union's Mailing Address: _____

Union's Contact Person's Name: _____

Union's Telephone Number: _____

Union's Fax Number: _____

Union's Website or Email Address: _____

Signature of Union Representative: _____

Date of Application: _____

NOTE: The Union may submit this application before or after it has been elected or otherwise designated as the employee's bargaining representative.