

## Verizon CWA IBEW 2213 Quarterly Request for Pendant Reimbursement

Employee Name: _____ Last Name _____ First Name		Employee ID# :	
Home Address:	City:	State:	Zip:
Home Telephone # :	Personal Cell # :	Personal e-mail Address:	
Work Address:	City:	State:	Zip:
Work Telephone # :	Work e-mail Address:		

**Check one of the below boxes to indicate your affiliation with Verizon**

CWA Local # \_\_\_\_\_
  IBEW 2213
  Management

Family Member's Name:

### EMPLOYEE SECTION

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
N/A	N/A	6/1/16 - 9/30/16 Amount Paid	10/1/16 - 12/31/16 Amount Paid
\$ <input style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>
Deadline for Submission	Deadline for Submission	Deadline for Submission <b>10/14/16</b>	Deadline for Submission <b>1/13/17</b>

**You Must Attach a copy of Proof of Payment** to the back of this form (ie copy of credit card receipt, canceled check or money order receipt, bank statement or pay stub showing autopay).

I certify, to the best of my knowledge, the information I have provided on this form is correct.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Approval Date:	Approved By:
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**Employees must complete this form in its entirety.  
Be Sure to attach proof of payment to this side of the  
form and return it by the quarterly deadline shown on  
the other side of this form.**

**Return this form to:**

**NY/NE Regional Work & Family Committee  
c/o Beverly Steele, Fund Administrator  
120 Hicksville Road  
Room 200-A  
Massapequa N.Y. 11758**

**Questions? Call 1-516-797-3872  
or your Local Union Office**

**For further information go to [www.regionalwfrc.com](http://www.regionalwfrc.com)**