

# U.A. Local 393

## APPLICATION FOR A CHANGE IN HEALTH & WELFARE CLASSIFICATION

A participant in the U. A. Local No. 393 Health and Welfare Extended Reserve may apply for a change in classification at open enrollment after he or she has satisfied the requirements for a classification. However, all changes to classifications are expected to be permanent.

**1. CHANGE CLASSIFICATION TO:**

- HW0**      \$0.00/hr. additional contribution to Health & Welfare Extended Reserve Fund
- HW1**      \$1.00/hr. additional contribution to Health & Welfare Extended Reserve Fund
- HW2**      \$2.00/hr. additional contribution to Health & Welfare Extended Reserve Fund
- HW4**      \$4.00/hr. additional contribution to Health & Welfare Extended Reserve Fund

**2. QUALIFICATION FOR CHANGE:**

---



---



---

I hereby apply for the classification listed above. I understand that the regulations concerning applications for the Health and Welfare Extended Reserve Fund classifications provide that I must qualify for the classification for which I have applied, and that no change will be effective until it has been verified that I have met the applicable qualifications and notified my employer and comply with any applicable contribution limitations. I also understand that my new classification will be permanent, unless I qualify for, and apply for, another change.

\_\_\_\_\_  
(PRINT NAME)

XXX-XX-\_\_\_\_\_  
(Social Security Number – Last 4 Digits)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***(Office Use Only)***

H & W: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Local: \_\_\_\_\_ Trade Level: \_\_\_\_\_

Employer: \_\_\_\_\_ Comment: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Copy of completed form sent to Member – Date: \_\_\_\_\_