Please put "pendant" on the outside of the envelope

# Verizon CWA IBEW 2213

Please keep a copy for your records.

## 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: Text

# EMPLOYEE SECTION

| First Quarter | Second Quarter | Third Quarter | Fourth Quarter |
|---|---|---|---|
| 1/1/2025 - 3/31/2025 | 4/1/2025 - 6/30/2025 | 7/1/2025 - 9/30/2025 | 10/1/2025 - 12/31/2025 |
| Amount Paid | Amount Paid | Amount Paid | Amount Paid |
| $ | $ | $ | $ |
| Deadline for Submission | Deadline for Submission | Deadline for Submission | Deadline for Submission |
| April 11, 2025 | July 11, 2025 | October 10, 2025 | January 9, 2026 |

**You Must Attach a copy of Proof of Payment** to the back of this form (i.e. copy of credit card receipt, canceled check or money order receipt, bank statement.

**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: |

**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:** Please put "pendant" on the outside of the envelope!

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

Questions?
Contact your Local Union Office

**For further information go to www.regionalwfrc.com**