

# NY/NE Regional Work & Family Pendant Initiative



## Enrollment Guidelines

All NY/NE CWA / IBEW 2213 Verizon employees are eligible for enrollment including CWA Local's 1395, 1302 and 1400.

- Eligibility for enrollment ends when allocated funds are depleted. All employees will be eligible on a first come first serve basis. Employees can enroll at any time.
- Download an enrollment application at [www.regionalwfdc.com](http://www.regionalwfdc.com) go to NY/NE Regional Work & Family page and scroll to Pendant enrollment application.
- Attach a copy of the signed monitoring agreement (Agreement must indicate the billing party and person covered) to your enrollment application and

**email to:**

[verizon.benefits.team@verizon.com](mailto:verizon.benefits.team@verizon.com)

- Pendant must be for an eligible family member as specified in your current collective bargaining agreement(s) (up to two pendants per employee household)
- Reimbursements will be made quarterly, directly to employee during April, July, October and January on the last Friday of the month.
- Only monthly monitoring service fee is reimbursable up to \$60.00 per month.
- Acceptable proof of payments must be submitted in the form of: credit card receipt, cancelled check, auto pay or "ACH" debit receipt.
- Employees are eligible to participate in the DCRF, and Pendant programs.

Contact your Local Union Representative or Fund Administrator with any additional questions.

updated 1/26/26

**CWA VERIZON IBEW 2213**  
**PENDANT PROGRAM ENROLLMENT APPLICATION**

|  |   |                                |                                     |
|--|---|--------------------------------|-------------------------------------|
| Employee Last Name   | Employee First Name   | Employee ID #                  | NCS Date                            |
|  |   | VZ ID #                        | Job Title                           |
| <input type="checkbox"/> CWA Local # _____   | <input type="checkbox"/> IBEW 2213  |                                | <input type="checkbox"/> Management |
| Home Address   |   | City                           | State Zip                           |
| Home Telephone<br>Area Code Number   |   | Cell Phone<br>Area Code Number |                                     |
| Preferred EMail Address (This is the email address we will use to communicate with you)                                    |   |                                |                                     |
| <b>Work Information</b>  |   |                                |                                     |
| Work Address   | City  | State                          | Zip                                 |
| Work Telephone<br>Area Code Number   |   |                                |                                     |
| Family Member's Name (Print)   | Relationship to Employee  |                                | Family Member's Age                 |
| Family Member's Home Address   | City  | State                          | Zip                                 |
| <b>Provider Information</b>  |   |                                |                                     |
| Company / Provider's Name (Print)  |   |                                |                                     |
| Company / Provider's Address   | City  | State                          | Zip                                 |
| Provider's Telephone<br>Area Code Number   |   |                                |                                     |
| Effective Date of Contract   | Contract Term and Fees<br><input type="checkbox"/> Month to Month Contract <input type="checkbox"/> Quarterly Contract <input type="checkbox"/> Annual Contract |                                |                                     |
| For Office Use Only  | Approval Date:  |                                | Approved By:                        |
| Method of Payment<br><input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Auto Pay |   |                                |                                     |
| I certify, to the best of my knowledge, the information I have provided on this form is correct.                           |   |                                |                                     |
| Employee Signature _____   | Date _____  |                                |                                     |