



UTU DISCIPLINE / INCOME PROTECTION PROGRAM

COMPLETE AND MAIL TO UTU, 14600 DETROIT AVE., CLEVELAND, OH 44107 • FAX (216) 228-0411

(Please fill out this form completely. Print with black ink)

Date _____

Name _____ Local _____

Address _____
(Number and Street) (City)

(State) (ZIP) (Telephone number)

Social Security Number (U.S.) _____ Social Insurance Number (Canada) _____

Birth date _____ Age _____

Present occupation _____ Employer _____

Are you now a member of the United Transportation Union? _____

If not, when did you last belong? _____ In which Local? _____

Please give name of companies and daily benefits of other income protection in force or applied for:

(Name of company) (Effective date) \$ (Daily Benefit)

Is above coverage being cancelled? _____ If so, how many days of coverage? _____

Application for Membership

I hereby make application for \$ _____ \$ _____
Daily Benefit Monthly Assessment Effective date

Application for Increase or Decrease in Daily Benefits

Present DIPP Number _____

I hereby apply for an INCREASE or DECREASE in Daily Benefits from \$ _____ to \$ _____ per day
effective _____

NOTE:

Applications received in any given month will not become effective prior to the first day of the following month.

OFFICE USE ONLY

B.D.

E.D.

NOTE

APPLICANT MUST SIGN APPLICATION ON REVERSE SIDE TO VALIDATE BEFORE APPLICATION CAN BE PROCESSED.

LIR CODE

FS CODE

DECLARATION AND AGREEMENT

I understand my membership will be in effect only if approved by the General Secretary and Treasurer and the required assessment received in International Headquarters. I understand the UTU Discipline/Income Protection Program ("Program") is a separate voluntary program established and maintained by the United Transportation Union. If this application is approved, I agree to abide by the plan document for the Program as adopted or as may be hereafter amended by the Board of Directors. I understand I will be eligible to receive benefits from the Program only while in good standing in the United Transportation Union and in the Program by payment of all required dues and assessments when due. I further understand the coverage applied for in this application will not cover disciplinary discharges or suspensions which took place before the approved effective date of this coverage whether such discipline was assessed before or after the effective date of this coverage. It is also understood that no benefits for held-out-of-service time due to unlawful acts (criminal or civil) are covered under the Program. I agree that in the event my answer to any of the above questions is untrue or incomplete, my membership in the Program shall terminate and all benefits therein cancelled. I understand that participation in the Program is entirely voluntary and that my membership in the United Transportation Union shall not be affected by reason of discontinuance of membership in the Program. I understand that should my membership with the United Transportation Union be terminated, for any reason, my membership in the Program automatically terminates at the same time. I further understand that, for purposes of determining my coverage period under the Program, my participation in the United Transportation Union Job Benefit Fund/Income Security Program will be considered to be participation in this Program.

I also understand and agree that I will not be eligible for any benefits or compensation whatsoever for discharge and/or suspension either permanently or temporarily where such penalty or method of discipline is based in whole or in part on the following:

Exceptions

1. Conduct endangering the life or livelihood of a fellow employee;
2. Unavailability for duty, sleeping on duty, missing calls;
3. Insubordination;
4. Misuse, theft, or destruction of property of the Participant's employer;
5. Falsification of reports;
6. Failure to take or pass a required examination;
7. Failure to qualify for mandatory promotion;
8. Use, possession, or evidence of intoxicants or illegal drugs while on duty or subject to duty; or
9. Discipline due to criminal or civil court action.

Have you been assessed any discipline within the last year? _____

If so, when? _____ How many days? _____

Witness _____ Member of Local _____

Date _____ Signature of Applicant (in full) _____

Claims must be submitted within 60 days of the date of the Letter of Discipline.

Schedule of Maximum Benefits

Monthly Assessment		\$2.16	\$3.60	\$7.20	\$10.80	\$14.40	\$18	\$21.60	\$25.20	\$28.80	\$32.40	\$36	\$39.60	\$43.20	\$46.80	\$50.40	\$54	\$72
Maximum Days for Suspension & Discharge	Number of Active Months of Membership in Income Protection Program	\$6 Daily Benefit	\$10 Daily Benefit	\$20 Daily Benefit	\$30 Daily Benefit	\$40 Daily Benefit	\$50 Daily Benefit	\$60 Daily Benefit	\$70 Daily Benefit	\$80 Daily Benefit	\$90 Daily Benefit	\$100 Daily Benefit	\$110 Daily Benefit	\$120 Daily Benefit	\$130 Daily Benefit	\$140 Daily Benefit	\$150 Daily Benefit	\$200 Daily Benefit
		Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable
200	Less than 12 months	1200	2000	4000	6000	8000	10000	12000	14000	16000	18000	20000	22000	24000	26000	28000	30000	40000
270	Over 12 but less than 24 months	1620	2700	5400	8100	10800	13500	16200	18900	21600	24300	27000	29700	32400	35100	37800	40500	54000
365	Over 24 months	2190	3650	7300	10950	14600	18250	21900	25550	29200	32850	36500	40150	43800	47450	51100	54750	73000

CONTRIBUTIONS OR GIFTS TO THE UTU DISCIPLINE/INCOME PROTECTION PROGRAM ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL TAX PURPOSES.