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## NOTICE TO TERMINATE OR REINSTATE ELIGIBILITY FOR BENEFITS

NAME OF MEMBER: \_\_\_\_\_ DOB: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MM/DD/YYYY)

SOCIAL SECURITY #: \_\_\_\_\_ UFCW LOCAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

**TERMINATE ELIGIBILITY**

\_\_\_\_\_  
(NAME OF EMPLOYER WHERE LAST EMPLOYED)

\_\_\_\_\_  
(STORE ADDRESS – STREET & CITY)

\_\_\_\_\_  
(DATE LAST WORKED – DAY/MONTH/YEAR)

\_\_\_\_\_  
(DATE ELIGIBILITY TO TERMINATE)

**REINSTATE ELIGIBILITY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(EMPLOYER PRIOR TO EXITING UNION & DATE LAST WORKED)

\_\_\_\_\_  
(NAME OF EMPLOYER WHERE NEWLY EMPLOYED)

\_\_\_\_\_  
(STORE ADDRESS – STREET & CITY)

\_\_\_\_\_  
(EFFECTIVE DATE OF HIRE – DAY/MONTH/YEAR)

\_\_\_\_\_  
(DATE ELIGIBILITY TO BE REINSTATED)

OTHER EMPLOYMENT BETWEEN LAST WORK AS A UNION MEMBER AND RETURN TO THE UNION

\_\_\_\_\_  
(EMPLOYER) (DATES)

\_\_\_\_\_  
(EMPLOYER) (DATES)

\_\_\_\_\_  
(EMPLOYER) (DATES)

**REASON FOR TERMINATION – CHECK  ONE**

ENTERED FULL-TIME MILITARY

LEFT INDUSTRY

EXEMPT FROM BARGAINING UNIT

**REASON FOR REINSTATEMENT – CHECK  ONE**

DATE RETURNED FROM MILITARY   
 \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*IN ADDITION, MAKE SURE TO COMPLETE THE MILITARY RETURN FORM.*

DATE EXEMPT FROM BARGAINING UNIT   
 \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 DATE RETURNED TO BARGAINING UNIT   
 \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**BE SURE TO COMPLETE A NEW HEALTH AND WELFARE ENROLLMENT FORM**

**X** \_\_\_\_\_  
(SIGNATURE OF ELIGIBLE EMPLOYEE)

\_\_\_\_\_  
(DATE SIGNED)

**X** \_\_\_\_\_  
(SIGNATURE OF UNION LOCAL)

\_\_\_\_\_  
(DATE SIGNED) (UFCW LOCAL)