P.O. Box 4100 · Concord, CA 94524-4100
Telephone: (800) 552-2400 · Facsimile: (925) 746-7549
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NOTICE OF RETURN FROM ARMED FORCES

COMPLETE AND MAIL IMMEDIATELY TO APPLY FOR HEALTH AND WELFARE COVERAGE

_____ _____ _____
(NAME OF MEMBER) (SOCIAL SECURITY NUMBER) (UFCW LOCAL)

_____ _____ _____ _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

_____ _____
(EMPLOYER PRIOR TO ENTRY INTO ARMED FORCES) (DATE LAST WORKED PRIOR TO ENTRY)

_____ _____
(NAME OF FIRST EMPLOYER AFTER DISCHARGE) (DATE OF RE-EMPLOYMENT AFTER DISCHARGE)

IMPORTANT: ATTACH A COPY OF YOUR MILITARY DISCHARGE ORDERS AND COMPLETE A NEW WELFARE FUND ENROLLMENT FORM.

X_____ _____
(SIGNATURE OF ELIGIBLE EMPLOYEE) (DATE SIGNED)