



MEMBER APPLICATION

FILL OUT COMPLETELY AND RETURN TO TEAMSTERS LOCAL UNION NO. 117

I hereby apply for enrollment in the Teamsters Legal Defense Fund. I understand that coverage is not in effect until this application is approved by the Plan Administrator. If approved, I understand that coverage will begin the first of the month following receipt of the application.

Please check one:

- To my knowledge, I am not presently named in any lawsuits, actions or proceedings nor under investigation for a duty-related incident.
- I am presently named in an action, litigation or lawsuit or am under investigation for a duty related incident as follows (Failure to disclose may result in denial of claim):

NAME _____ LOCAL NO. _____
PHONE _____ EMAIL _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

EMPLOYER(S) _____

ADDRESS/CITY/STATE/ZIP (FOR EACH EMPLOYER) _____

I understand and agree that by affixing my signature to this application form, I am authorizing my Employer(s) to deduct from my monthly salary or wages, via payroll deduction, the amount of the monthly enrollment fee for participation in the Teamsters Legal Defense Fund (TLDF). I understand and agree that the monthly enrollment fee for the TLDF is currently \$7.24 per month. I further understand and agree that the monthly enrollment fee amount may be increased or decreased at the discretion of the TLDF, and that if I do not agree with such amount, I may withdraw my authorization at any time upon notice to my Employer(s) and the TLDF.

SIGNATURE _____ DATE _____
SOCIAL SECURITY NO. (LAST 4 DIGITS ONLY) _____

For more information contact the Plan Administrator: American Legal Services, 877.744.7550