

Verizon CWA IBEW 2213 Quarterly Request for Pendant Reimbursement

Employee Name: _____ Last Name _____ First Name _____		Employee ID# :	
Home Address:	City:	State:	Zip:
Home Telephone # :	Personal Cell # :	Personal e-mail Address:	
Work Address:	City:	State:	Zip:
Work Telephone # :	Work e-mail Address:		

Check one of the below boxes to indicate your affiliation with Verizon

CWA Local # _____
 IBEW 2213
 Management

Family Member's Name:

EMPLOYEE SECTION

First Quarter 1/1/2023 - 3/31/2023 Amount Paid	Second Quarter 4/1/2023 - 6/30/2023 Amount Paid	Third Quarter 7/1/2023 - 9/30/2023 Amount Paid	Fourth Quarter 10/1/2023 - 12/31/2023 Amount Paid
\$ <input style="width: 80px; height: 30px;" type="text"/>	\$ <input style="width: 80px; height: 30px;" type="text"/>	\$ <input style="width: 80px; height: 30px;" type="text"/>	\$ <input style="width: 80px; height: 30px;" type="text"/>
Deadline for Submission April 14, 2023	Deadline for Submission July 14, 2023	Deadline for Submission October 13, 2023	Deadline for Submission January 12, 2024

You Must Attach a copy of Proof of Payment to the back of this form (i.e. copy of credit card receipt, canceled check or money order receipt, bank statement).

I certify, to the best of my knowledge, the information I have provided on this form is correct.

Employee Signature _____ Date _____

For Office Use Only

Approval Date:	Approved By:
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**Employees must complete this form in its entirety.
Be Sure to attach proof of payment to this side of the
form and return it by the quarterly deadline shown on
the other side of this form.**

Return this form to:

**NY/NE Regional Work & Family Committee
c/o Beverly Steele, Fund Administrator
120 Hicksville Road
Room 200-A
Massapequa N.Y. 11758**

**Questions? Call 1-516-797-3872
or your Local Union Office**

For further information go to www.regionalwfrc.com