

# Brotherhood's Relief and Compensation Fund

2150 LINGLESTOWN ROAD, HARRISBURG, PA 17110-9691

TOLL-FREE NUMBER: 1-800-233-7080 E-MAIL: brcf@brcf.org WEBSITE: www.brcf.org

BENEFITS PER DAY	DUES RATE 1 MONTH	DUES RATE 6 MONTHS	DUES RATE 12 MONTHS
<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$76.00	<input type="checkbox"/> \$456.00	<input type="checkbox"/> \$912.00
<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$68.40	<input type="checkbox"/> \$410.40	<input type="checkbox"/> \$820.80
<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$57.00	<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00
<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$45.60	<input type="checkbox"/> \$273.60	<input type="checkbox"/> \$547.20
<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$38.00	<input type="checkbox"/> \$228.00	<input type="checkbox"/> \$456.00
<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$30.40	<input type="checkbox"/> \$182.40	<input type="checkbox"/> \$364.80



After a Beneficial Membership of	Days of Eligibility
Less than 24 months	150
24 months but less than 48	180
48 months but less than 60	250
60 months or more	365
180 Maximum in All Instances Involving Waiver of Investigation Article XIII, Sec. 6	

The Board of Directors reserves the right to change the rates by providing a minimum of 30 days notice.

I am applying as a NEW MEMBER

I am applying for an INCREASE in my MEMBERSHIP BENEFITS

at \$ \_\_\_\_\_ per day.

to \$ \_\_\_\_\_ per day. BR&CF Member # \_\_\_\_\_

### PERSONAL AND EMPLOYMENT DATA

Please Print

Name \_\_\_\_\_ Work Location \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

If box, indicate street address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Present Age \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Employee ID # \_\_\_\_\_ Date of Hire \_\_\_\_\_

Are you on probation as a new hire employee?  Yes  No If yes, date to be completed. \_\_\_\_\_

Labor Organization (Union) \_\_\_\_\_ Lodge/Local/Division Number \_\_\_\_\_

### DISCIPLINE HISTORY

In case of doubt or uncertainty as to whether an occurrence should be listed below, please list it.

Is there any occurrence pending which **may** result in discipline?  Yes  No

If yes, Explain \_\_\_\_\_

► List any occurrence since employment that resulted in dismissal. ► List any occurrence within the past five (5) years handled under a discipline diversion program. ► List any occurrence within the past five (5) years that resulted in demerits, deferred suspension, probation, decertification, and/or actual time served.

IF NONE, CHECK HERE

Discipline Assessed	Occurrence Date	Return to Service Date	Cause of Discipline

BR&CF member must be at work and on duty performing the usual duties of his employment and craft at the time of an occurrence resulting in being "Held Out of Service" in order to be eligible for any benefits.

In no event shall the organization be liable for any benefits the cause of which occurred prior to the effective date of membership.

### The Following Railroads Offer Payroll Deduction: BNSF, CSX, NS, and UP.

By completing this section, I hereby assign to the BR&CF that part of my wages necessary to pay my membership dues and I hereby authorize my railroad to deduct such dues from my paycheck. Such authorization may be terminated by written notice to the BR&CF.

\_\_\_\_\_ MONTHLY (BNSF, CSX, NS, and UP) \_\_\_\_\_ SEMI-ANNUALLY (CSX, UP only) \_\_\_\_\_ ANNUALLY (CSX, UP only)

**Minimum Dues Required to Process Payroll Deduction: UP & BNSF (2 months) CSX & NS (3 months)**

I agree and covenant, if accepted for membership, to be bound by and subject to all and every term and provision of the Constitution and laws of the Brotherhood's Relief and Compensation Fund, now in force and effect or subsequently duly enacted, approved, or adopted. I hereby certify, declare and warrant that all the foregoing representations, statements and answers are complete and true, without evasion or concealment, each of which I agree is material to and an inducement for my acceptance in membership by this organization, and if subsequently ascertained to be false or fraudulent, of which the Brotherhood's Relief and Compensation Fund shall be the sole judge, all and singular, my rights, privileges, benefits and equities, arising thereunder shall be forthwith forfeited and null and void. Dues must be paid in advance, being received by the principal office before or during the preceding calendar month, before the member shall be eligible for, or entitled to, any benefits. New members will be sent their own copy of the Constitution upon approval of application.

Referring Member \_\_\_\_\_

Approved application only effective upon receipt of dues.

Address \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Member ID # or S.S. # \_\_\_\_\_

Date \_\_\_\_\_ 10/11



MAKE YOUR CHECK PAYABLE TO **BR&CF**  
COMPLETE THE APPLICATION, PLACE YOUR CHECK IN POCKET BELOW, FOLD, MOISTEN GLUE, SEAL, AND MAIL.



**FOR MEMBER USE:**

A \$50,000 ACCIDENTAL DEATH AND DISMEMBERMENT POLICY **WHILE ON DUTY ONLY** IS PROVIDED AT NO ADDITIONAL COST TO MEMBERS "In Good and Regular Standing" (Article XXXIII, Sec. 4). Please provide us with the following information and update as necessary (please print).

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Relationship

The Board of Directors maintains the right to renew or discontinue the accidental death and dismemberment benefit at their sole discretion.

**FOR OFFICE USE:**

Amt. Recv'd \_\_\_\_\_ Amt. Recv'd CC \_\_\_\_\_ CK \_\_\_\_\_ MO \_\_\_\_\_ CC \_\_\_\_\_ OBT \_\_\_\_\_ APPLICANT \_\_\_\_\_  
(OTHER)

NEW MEMBER BENEFITS: \$ \_\_\_\_\_ REQUESTED \$ \_\_\_\_\_ APPROVED  
(if different than requested)

INCREASE MEMBER BENEFITS: \$ \_\_\_\_\_ CURRENT \$ \_\_\_\_\_ REQUESTED \$ \_\_\_\_\_ APPROVED  
(if different than requested)

Claim # \_\_\_\_\_ Benefits Recv'd \_\_\_\_\_

\_\_\_\_\_  
DUES PAID WITH APPLICATION FOR \_\_\_\_\_ Current PTD \_\_\_\_\_  
\$ \_\_\_\_\_ 20 \_\_\_\_\_

DATE RECV'D \_\_\_\_\_

- APPROVED  require satisfactory response to discipline questions  
 contingent on receipt of signed application

DATE PROCESSED \_\_\_\_\_  
(if different than recv'd)

- EFFECTIVE DATE: \_\_\_\_\_ (for new hire on probation)  
 REFUSED  may reapply after \_\_\_\_\_

\_\_\_\_\_  
Signature of Approval Officer (DATE)

\_\_\_\_\_  
Signature of Approval Officer (DATE)



# APPLICATION FOR MEMBERSHIP AND/OR INCREASE IN MEMBERSHIP BENEFITS

FOR QUESTIONS, PLEASE CALL  
**1-800-233-7080**

E-MAIL: [brcf@brcf.org](mailto:brcf@brcf.org) WEBSITE: [www.brcf.org](http://www.brcf.org)