

Brotherhood's Relief and Compensation Fund

2150 LINGLESTOWN ROAD, HARRISBURG, PA 17110-9691

TOLL-FREE NUMBER: 1-800-233-7080 LOCAL: (717) 657-1890 E-MAIL: brcf@brcf.org WEBSITE: www.brcf.org

BENEFITS PER DAY	DUES 1 MONTH	DUES 6 MONTHS 5%	DUES 12 MONTHS 15%
<input type="checkbox"/> 200.00	<input type="checkbox"/> 90.00	<input type="checkbox"/> 513.00	<input type="checkbox"/> 918.00
<input type="checkbox"/> 180.00	<input type="checkbox"/> 81.00	<input type="checkbox"/> 461.70	<input type="checkbox"/> 826.20
<input type="checkbox"/> 150.00	<input type="checkbox"/> 67.50	<input type="checkbox"/> 384.75	<input type="checkbox"/> 688.50
<input type="checkbox"/> 120.00	<input type="checkbox"/> 54.00	<input type="checkbox"/> 307.80	<input type="checkbox"/> 550.80
<input type="checkbox"/> 100.00	<input type="checkbox"/> 45.00	<input type="checkbox"/> 256.50	<input type="checkbox"/> 459.00
<input type="checkbox"/> 80.00	<input type="checkbox"/> 36.00	<input type="checkbox"/> 205.20	<input type="checkbox"/> 367.20



After a Continuous 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.

▶ 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, decertification and/or actual time served.

IF NONE, CHECK HERE

Discipline Assessed	Date	Cause of Discipline

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

If yes, Explain _____

Are you currently serving probation due to discipline or due to an occurrence handled under a Discipline Diversion Program? Yes No

If yes, date to be completed. _____ Explain _____

BR&CF member must be at work and on duty in the actual and authorized performance and furtherance of 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 or compensation.

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

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 _____ 10/08

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 CURRENT PTD
\$ _____ APPLICATION FOR _____ 20 _____

DATE RECV'D _____

APPROVED

DATE PROCESSED _____
(if different than recv'd)

REFUSED

EFFECTIVE DATE: _____
(for new hire on probation)

Signature of Approval Officer (DATE) _____