

Application Packet Contents

- 1) **Application for Membership in United Transportation Union**

- 2) **Wage-Assignment Authorization** - This gives authorization to have dues, insurance, Pac and/or DIPP directly deducted.

- 3) **Disability Income Protection Program** - The UTU's income protection program will be of great assistance if disciplined by the Carrier if the discipline is under the terms of the program. The experience of the General Committee is that UTU's program is far superior to any so-called "job insurance" that you can obtain. We highly recommend it.

- 4) **UTUPac** - The Legislative Process is extremely important to all Railroad employees and the UTU Legislative Department is second to no other union. UTUPac is the foundation for our Legislative Department and the General Committee requests that each member contribute.

Next to your membership in the UTU, it is the best thing you can do to protect yourself, your income and benefits, your family and your co-workers

Application for Membership in the
United Transportation Union

Date: _____

I, _____ hereby make application for
(Print name in full)
Membership through Local number _____ in the United Transportation Union (UTU) to be
effective _____, and for that purpose made the following statements:

Present employer: Union Pacific Railroad Occupation: _____

Telephone number: _____ Email address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ EID/PID: _____ GCA: 569

I pledge my honor to faithfully observe the Constitution and laws of the United Transportation Union (UTU), including the by-laws of my local; to comply with the rules and regulations for the government of the UTU; not to made known to outsiders any private proceedings of the UTU; to faithfully perform all the duties assigned to me to the best of my ability and skill; to so conduct myself at all times as not to bring reproach upon my union and at all times bear true and faithful allegiance to the UTU.

Respectfully submitted:

Applicant's signature: _____

I certify that I have witnessed the applicant's signature hereto:

(Signature of Member)

In signing this application, we as members of the above numbered local, certify that to the best of our belief, the applicant is of good moral character and, if admitted to membership in the United Transportation Union, will be a worthy member:

UNION DUES ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES, DUES MAY QUALIFY AS BUSINESS EXPENSES, AND MAY BE DEDUCTABLE IN LIMITED CIRCUMSTANCES SUBJECT TO VARIOUS RESRICTIONS IMPOSED BY THE INTERNAL REVENUE CODE.

WAGE ASSIGNMENT AUTHORIZATION

Manager, Payroll Accounting
Union Pacific Railroad Company

Name (please print): _____

EID#: _____

Department: Operating - MP Upper Lines

I hereby assign to the United Transportation Union, Local # _____ that part of my wages necessary to pay my monthly dues, assessments and insurance premiums as reported by the Treasurer, UTU, or his successors, in monthly statements, certified by him, as provided under the applicable "Check-Off Agreement" between the Organization and Carrier. I also authorize the Carrier to deduct from my wages all such sums and pay them over to such designated representative of the Organization in accordance with the "Check-Off Agreement".

This authorization may be revoked in writing by the undersigned at any time, or upon the termination of the rules and working conditions agreement between the Carrier and the Union.

My requested effective date is: _____

Signature

Date: _____



UTU DISCIPLINE / INCOME PROTECTION PROGRAM

Complete, mail to UTU D/IPP, 24950 Country Club, Ste. 340, North Olmsted, OH 44070 • fax (216) 227-5209

(Please fill out this form completely. Print with black ink)

Date _____

Name _____ Local _____

Address _____

(Number and street)

(City)

(State)

(ZIP)

(Telephone number)

Social Security number (U.S.) _____ Social Insurance number (Canada) _____

Birth date _____ Age _____

Present occupation _____ Employer _____

Are you now a member of the United Transportation Union? YES

If not, when did you last belong? _____ In which Local? _____

Please give name of companies and daily benefits of other income protection in force or applied for:

(Name of company)

(Effective date)

\$ _____
(Daily benefit)

Is above coverage being cancelled? NO If so, how many days of coverage? _____

Application for membership

I hereby make application for \$ 0.00 \$ 0.00 _____
Daily benefit Monthly assessment Effective date

Application for increase or decrease in daily benefits

Present DIPP number _____

I hereby apply for an INCREASE or DECREASE in daily benefits from \$ _____ to \$ _____ per day
effective _____

NOTE:

Applications received in any given month will not become effective prior to the first day of the following month.

OFFICE USE ONLY

B.D.

E.D.

NOTE

APPLICANT MUST SIGN APPLICATION ON REVERSE SIDE TO VALIDATE BEFORE APPLICATION CAN BE PROCESSED.

LIR CODE

FS CODE



DECLARATION AND AGREEMENT

I understand my membership will be in effect only if approved by the General Secretary and Treasurer and the required assessment received in UTU International headquarters. I understand the UTU Discipline/Income Protection Program ("Program") is a separate, voluntary program established and maintained by the United Transportation Union. If this application is approved, I agree to abide by the plan document for the Program as adopted or as may be hereafter amended by the Board of Directors. I understand I will be eligible to receive benefits from the Program only while in good standing in the United Transportation Union and in the Program by payment of all required dues and assessments when due. I further understand the coverage applied for in this application will not cover disciplinary discharges or suspensions which took place before the approved effective date of this coverage whether such discipline was assessed before or after the effective date of this coverage. It is also understood that no benefits for held-out-of-service time due to unlawful acts (criminal or civil) are covered under the Program. I agree that in the event my answer to any of the above questions is untrue or incomplete, my membership in the Program shall terminate and all benefits therein cancelled. I understand that participation in the Program is entirely voluntary and that my membership in the United Transportation Union shall not be affected by reason of discontinuance of membership in the Program. I understand that should my membership with the United Transportation Union be terminated, for any reason, my membership in the Program automatically terminates at the same time. I understand that, for purposes of determining my coverage period under the Program, my participation in the United Transportation Union Job Benefit Fund/Income Security Program will be considered to be participation in this Program.

I also understand and agree that I will not be eligible for any benefits or compensation whatsoever for discharge and/or suspension either permanently or temporarily where such penalty or method of discipline is based in whole or in part on the following:

Exceptions

1. Conduct endangering the life or livelihood of a fellow employee;
2. Unavailability for duty, sleeping on duty, missing calls;
3. Insubordination;
4. Misuse, theft, or destruction of property of the participant's employer;
5. Falsification of reports;
6. Failure to take or pass a required examination;
7. Failure to qualify for mandatory promotion;
8. Use, possession, or evidence of intoxicants or illegal drugs while on duty or subject to duty; or
9. Discipline due to criminal or civil court action;
10. An act or acts, or failure to act, which constitutes a violation of public policy; or
11. Involvement in altercations, verbal or physical.

Have you been assessed any discipline within the last year? NO

If so, when? _____ How many days? _____

Witness _____ Member of Local _____

Date _____

Signature of applicant (in full)

Claims must be submitted within 90 days of the date of the letter of discipline.

Schedule of maximum benefits

Maximum days for suspension and discharge	Number of active months of membership in Income Protection Program	\$3.96	\$6.60	\$13.20	\$19.80	\$26.40	\$33.00	\$39.60	\$46.20	\$52.80	\$59.40	\$66.00	\$72.60	\$79.20	\$85.80	\$92.40	\$99.00	\$132.00
		\$6 Daily Benefit Maximum Payable	\$10 Daily Benefit Maximum Payable	\$20 Daily Benefit Maximum Payable	\$30 Daily Benefit Maximum Payable	\$40 Daily Benefit Maximum Payable	\$50 Daily Benefit Maximum Payable	\$60 Daily Benefit Maximum Payable	\$70 Daily Benefit Maximum Payable	\$80 Daily Benefit Maximum Payable	\$90 Daily Benefit Maximum Payable	\$100 Daily Benefit Maximum Payable	\$110 Daily Benefit Maximum Payable	\$120 Daily Benefit Maximum Payable	\$130 Daily Benefit Maximum Payable	\$140 Daily Benefit Maximum Payable	\$150 Daily Benefit Maximum Payable	\$200 Daily Benefit Maximum Payable
250	Less than 24 months	1500	2500	5000	7500	10000	12500	15000	17500	20000	22500	25000	27500	30000	32500	35000	37500	50000
300	24 months but less than 60 months	1800	3000	6000	9000	12000	15000	18000	21000	24000	27000	30000	33000	36000	39000	42000	45000	60000
365	60 months or more	2190	3650	7300	10950	14600	18250	21900	25550	29200	32850	36500	40150	43800	47450	51100	54750	73000

CONTRIBUTIONS OR GIFTS TO THE UTU DISCIPLINE/INCOME PROTECTION PROGRAM ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL TAX PURPOSES.



UTU Political Action Committee Pledge Form

United Transportation Union
24950 Country Club Blvd., Ste. 340, North Olmsted, OH 44070-5333



I, (please print) _____, of UTU Local _____

proudly pledge to UTU/UTU PAC the amount indicated annually to be pro-rated monthly
and authorize _____
Employer to withhold this amount with my union dues.

\$60 per year (\$5/mo.)
Bronze Club

\$120 per year (\$10/mo.)
Silver Club

\$300 per year (\$25/mo.)
Gold Club

\$365 per year (\$30.42/mo.)
Dollar-A-Day Club

\$600 per year (\$50/mo.)
Diamond Club

\$1,200 per year (\$100/mo.)
Platinum Club

\$2,500 per year (\$208.33/mo.)
President's Circle

I want to make a one-time contribution of \$ _____
(Please enclose check made payable to "UTU PAC" along with this form.)

I am a retired member of Local _____ and I still want to help! My \$ _____ check
to "UTU PAC" is enclosed.
(Please enclose check made payable to "UTU PAC" along with this form.)

Signature _____

Effective Date _____

This authorization will remain in effect until revoked in writing. Contributions to UTU PAC are used for political purposes. Amounts indicated are only suggestions; you are free to give more or less than indicated, and neither your employer nor the union will discriminate against you based on whether you contribute. Contributions to UTU PAC are not tax deductible.