



WESTERN STATES CARPENTERS TRUSTS ENROLLMENT FORM

445 SOUTH FIGUEROA STREET, SUITE 1500
 LOS ANGELES, CA 90071-3203
 EMAIL TO: ENROLLMENT@CSACBENEFITS.ORG
 FAX TO: (213) 739 - 9437

Directions: Complete this form upon Enrollment in the Plans administered by CSAC or use this form to update your record.

CHECK ONE	New Participant?		Updating Your Record?	
------------------	------------------	--	-----------------------	--

PARTICIPANT INFORMATION				
Social Security Number	Date of Birth (MM/DD/YYYY)	Are you Retired? (Check One)	Yes	No
Last Name	First Name		MI	
Street Address	City	State	Zip Code	
Local Union #	Initiation Date	Sex (Check One)	M	F
Email Address		Phone #		
Check One		I consent to receive electronic delivery of Plan documents by email or text message.		
Yes	No			
In the event the Administrative Office is unable to locate you to distribute benefits, please provide the name and contact information for a person who does not live with you that would help the Administrative Office locate you.				
Name		Relation		
Email Address		Phone Number		

Electronic Delivery of Plan Correspondence

As a participant, you are entitled to important materials explaining how your various benefits work. You have the option to receive this information electronically by email. Electronic documents or a link to a document in PDF format may be emailed to the address you provided. The PDF version of the document is identical to the paper version you would otherwise receive in the mail.

You may also receive important alerts regarding your plan benefits via text messaging.

The delivery of documents to you by email may reduce the amount of mail you receive from the Administrative Office. However, certain documents and service-related correspondence may continue to be sent via U.S. Mail.

- Your consent to receive electronic delivery of Plan documents is valid unless and until you withdraw your consent in writing. You can opt out of electronic delivery at any time or change your email address and phone number by contacting the Administrative Office.
- You have the right to request hard copies of documents pursuant to ERISA sec on 104(b)(4). Send an email to info@csacbenefits.org or call (800) 293-1370 to request a hard copy of a document.
- If you have difficulty accessing any document, please contact the Administrative Office at info@csacbenefits.org or call (800) 293-1370. Many of the Trust Funds documents are also available on the CSAC website (csacbenefits.org). Please note that documents posted to the CSAC website may be taken down after one year or earlier if they are superseded by a new version.
- Standard message rates and data charges from the subscriber's carrier could apply when sending and/or receiving text messages.
- You may opt out of electronic delivery or change your contact information by submitting a new, signed form by:
 - Email to: enrollment@csacbenefits.org
 - Mail to: Western States Carpenters Trusts
445 South Figueroa Street, Suite 1500
Los Angeles, CA 90071-3203

Signature

Date

Last Name	First Name	MI	Social Security Number
-----------	------------	----	------------------------

WESTERN STATES CARPENTERS VACATION, SICK LEAVE AND PAID TIME OFF PLAN

(VACATION PLAN)

The Western States Carpenters Vacation, Sick Leave and Paid Time Off Plan will distribute benefits to you based on your election below.

I elect to receive an Automatic distribution on December 1st of each year.

Option A

OR

I elect to receive an Automatic distribution both July 1st and December 1st of each year.

Option B

You must be eligible, enrolled, and have accrued benefits in accordance with the applicable Labor Agreement. For July 1st, Benefits paid are for hours worked through February of the same year and are paid only via direct deposit. For Dec 1st, Benefits paid are for hours worked through August of the same year and can be paid by physical check or direct deposit provided the Fund has current banking information on file for you.

ON DEMAND EARLY WITHDRAWALS (Available Year-Round)

On-Demand Early Withdrawals are available upon request, year-round through MemberXG only. These are available up to two (2) times per calendar year. Participant must be eligible, enrolled, and must have accrued benefits available according to the applicable Labor Agreement. Benefits are only paid via direct deposit provided the Trust/Fund has current banking information on file. Physical checks will not be issued. Refer to the Summary Plan Description (SPD) for more details.

For distribution via direct deposit, attach a voided check or deposit slip with the Participant's name printed by the financial institution.

To authorize an electronic distribution to your bank account you must provide a voided check, direct deposit slip or a direct deposit authorization form. Your Vacation distribution will be sent to the account you indicate until you revoke or replace this authorization in writing or until an electronic distribution is rejected by your banking institution.

By providing your banking information you agree that you will reimburse and indemnify the Western States Carpenters Vacation Trust, if you are not the person entitled to benefits, and that you are responsible for verifying the banking information you provided. You hereby authorize the Western States Carpenters Vacation, Sick Leave and Paid Time Off Trust to make credit or debit entries as adjustments for any error made to your bank account. The Western States Carpenters Vacation, Sick Leave and Paid Time Off Trust is not responsible for lost or stolen funds once deposited to the bank account information you have provided.

Signature	Date

SUPPLEMENTAL DUES, WINDOW DUES, AND POLITICAL COMMITTEE AUTHORIZATION

Social Security Number		Date of Birth (MM/DD/YYYY)		Gender (Choose One)		M	F
Last Name		First Name		Phone #			
Street Address		City		State		Zip Code	
Local Union	Initiation Date	Home Local (if outside of the WSRCC)		Email Address			
Ethnicity (Choose One)	<input type="radio"/> Asian	<input type="radio"/> African American	<input type="radio"/> Hispanic/Latino	<input type="radio"/> Caucasian	<input type="radio"/> Other: _____		

I am employed by a signatory Employer or Employers under the Carpenters Master Labor Agreement or other Carpenter Agreement (“Labor Agreement”) in the geographical jurisdiction of the Western States Regional Council of Carpenters.

- I hereby authorize the Carpenters Services Administrative Corporation (“CSAC”) to deduct from my vacation contributions supplemental dues or dues equivalences, in the amount lawfully required by my Regional Council or Local Union, and to transmit such dues to the entity entitled to receive such dues.

This authorization shall be applicable both to future supplemental dues and to all unpaid dues that I have incurred to date. I authorize CSAC to deduct such dues amounts as are specified by my Regional Council as unpaid and owing. Irrespective of my membership status, this authorization shall be irrevocable for a period of one year or until the termination of the applicable Labor Agreement, whichever occurs first. I agree that, irrespective of my membership status, this authorization shall be automatically renewed and shall be irrevocable for successive periods of one year each or for the period of each successive applicable Labor Agreement, whichever shall be shorter, unless written notice is given by me to my Local Union, and to CSAC, no more than twenty (20) days and not less than ten (10) days prior to the expiration of each one year period or of the applicable Labor Agreement, whichever occurs first.

- I hereby authorize CSAC to deduct from my Vacation contributions the following political contributions and forward such amount(s) to the corresponding Western States Regional Council of Carpenters political committee(s), beginning on the first day of the month after my signature date below:
 - Two cents (\$0.02) per hour to the Western States Regional Council of Carpenters Legislative Improvement Committee UBC & Joiners of America federal political committee (“WS CLIC”),
 - Five cents (\$0.05) per hour to Building a Stronger New Mexico sponsored by Western States Regional Council of Carpenters (“NM PAC”) when I am working in the New Mexico Jurisdiction,
 - Four cents (\$0.04) per hour to the Building a Stronger Washington sponsored by the Western States Regional Council of Carpenters political committee of Spokane, WA (“WA PAC”) when I am working in the Washington Jurisdiction,
 - Four cents (\$0.04) per hour to the Build a Stronger Alaska sponsored by Western States Regional Council of Carpenters (“AK PAC”) when I am working in the Alaska Jurisdiction,
 - Four cents (\$0.04) per hour to the Building a Stronger Oregon sponsored by Western States Regional Council of Carpenters (“OR PAC”) when I am working in the Oregon Jurisdiction, and/or
 - Four cents (\$0.04) per hour to the Building a Stronger Montana sponsored by Western States Regional Council of Carpenters (“MT PAC”) when I am working in the Montana Jurisdiction.

I understand that the Western States Regional Council of Carpenters political committees use these contributions for political purposes and that they are not tax deductible. The authorization contained in these paragraphs is voluntarily made and may be revoked at any time by me through written notice to CSAC and my Local Union.

No employer or labor organization may discriminate against a member, officer or employee in the terms or conditions of employment for (a) the failure to contribute to, (b) the failure in any way to support or oppose, or (c) in any way supporting or opposing a candidate, ballot proposition, political party, or political committee.

- I hereby authorize the Western States Carpenters Vacation Trust (“Trust”), and its administrative agent, the Carpenters Services Administrative Corporation (“CSAC”), to deduct monthly union dues from each semi-annual vacation benefit payable to me from the Trust on or about July 1 and December 1 of each year. The amount to be deducted shall be equal to \$120.00 which is currently the amount necessary to cover six months of dues at \$20.00 per month. The deductions are for dues owed in future months. Any prior outstanding dues must be paid in order to authorize deductions from vacation benefits. Nothing will be deducted if the amount of my vacation benefit is less than \$120.00. Dues amount varies by location; if the dues amount exceeds the \$20.00 rate, members are responsible for directly addressing any balance with their Local Union. I further authorize the Trust to transmit such dues to my Union. This authorization shall continue in effect unless written notice is given by me to my Local Union, and to the Trust not less than twenty (20) days prior to the next July 1 or December 1 vacation payout date. I certify this authorization is made voluntarily and without any interference restraint or coercion by any person or persons whatsoever.
- I hereby authorize the Carpenters Services Administrative Corporation (“CSAC”) to share this Supplemental Dues, Window Dues, and Political Committee Contribution Authorization Form with the Western States Regional Council of Carpenters and their affiliated Local Unions.

STRIKE ANY PARAGRAPH THAT IS NOT APPLICABLE

Signature _____

Date _____