

# NY/NE Regional Work & Family Pendant Initiative



Work & Family  
Committee

## Enrollment Guidelines

All NY/NE CWA / IBEW 2213 Verizon employees are eligible for enrollment including CWA Local's 1395, 1302 and 1400.

- This is a pilot program, eligibility for enrollment ends when allocated funds are depleted. All employees will be eligible on a first come first serve basis. Employees can enroll at any time.
- Download an enrollment application at [www.regionalwfrc.com](http://www.regionalwfrc.com) go to NY/NE Regional Work & Family page and scroll to Pendant enrollment application.
- Attach a copy of the signed monitoring agreement (Agreement must indicate the billing party and person covered) to your enrollment application and mail via U.S. Mail to:  
NY/NE Regional Work & Family Committee c/o Fund Administrator  
120 Hicksville Road, Room 200-A  
Massapequa N.Y. 11758
- Pendant must be for one eligible family member as specified in your current collective bargaining agreement(s) (two pendants per employee household)
- Reimbursements will be made quarterly, directly to employee during April , July , October and January on the last Friday of the month.
- Only monthly monitoring service fee is reimbursable up to \$60.00 per month.
- Acceptable proof of payments must be submitted in the form of: credit card receipt, cancelled check, auto pay or "ACH" debit receipt.
- Employees are eligible to participate in the DCRF, and Pendant programs.

Contact your Local Union Representative or Fund Administrator with any additional questions.

updated 5/4/22

**CWA VERIZON IBEW 2213**  
**PENDANT PROGRAM ENROLLMENT APPLICATION**

Employee Last Name	Employee First Name	Employee ID #	NCS Date
		VZ ID #	Job Title
<input type="checkbox"/> CWA Local # _____	<input type="checkbox"/> IBEW 2213	<input type="checkbox"/> Management	
Home Address		City	State      Zip
Home Telephone Area Code      Number		Cell Phone Area Code      Number	
Preferred E-Mail Address <i>(This is the e-mail address we will use to communicate with you)</i>			
<b>Work Information</b>			
Work Address	City	State      Zip	Work Telephone Area Code      Number
Family Member's Name (Print)	Relationship to Employee		Family Member's Age
Family Member's Home Address	City	State      Zip	
<b>Provider Information</b>			
Company / Provider's Name (Print)			
Company / Provider's Address	City	State      Zip	Provider's Telephone Area Code      Number
Effective Date of Contract	Contract Term and Fees <input type="checkbox"/> Month to Month Contract <input type="checkbox"/> Quarterly Contract <input type="checkbox"/> Annual Contract		
For Office Use Only	Approval Date:		Approved By:
Method of Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Auto Pay			
I certify, to the best of my knowledge, the information I have provided on this form is correct.			
Employee Signature _____		Date _____	

**Verizon CWA IBEW 2213**  
**Quarterly Request for Pendant Reimbursement**

Employee Name: _____		Employee ID# : _____	
Last Name		First Name	
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			
<input type="checkbox"/> CWA Local # _____		<input type="checkbox"/> IBEW 2213	
		<input type="checkbox"/> 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
\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px;"></span>
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** \_\_\_\_\_

<b>For Office Use Only</b>	
Approval Date: _____	Approved By: _____



**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.regionalwffc.com](http://www.regionalwffc.com)**