

Opt Out Form

The undersigned member knowingly and voluntarily elects to withdraw from participation in the Chicago Regional Council of Carpenters Life and Disability Membership Benefit Program ("Program") administered by the Union Benefit Administrators, Inc.

The undersigned member understands and acknowledges that by withdrawing from participation in the program:

- ❖ The member is NOT entitled to the Life-Insurance benefit under the Program.
- ❖ The member may NOT purchase additional life and/or disability insurance coverage for themselves, their spouses and/or dependent children, through the Union Benefit Administrators, Inc. website.
- ❖ **Once a member voluntarily opts-out of the Program, the member may not regain eligibility for this Program.**

I have read and understand all the above on this _____ day of _____, 2010.

Signature

Print Name

UBC Number

Date

For validation this form must be mailed to:

**Pile Drivers Local 578
4979 Indiana Ave, Suite 211
Lisle, IL 60532**