



Laborers' International Union of North America

LIUNA!

LOCAL 28 MEMBERS INFORMATION SHEET

LIUNA—the Laborers' International Union of North America—is a half-million strong, united through collective bargaining agreements which help us earn family-supporting pay, good benefits and the opportunity for advancement and better lives.

PLEASE PRINT IN BLOCK UPPERCASE LETTERING USING BLACK/BLUE INK.

Last Name
 [Grid of 28 empty boxes for last name]

First [Grid of 20 empty boxes] **M.I.** [Grid of 1 empty box] **2. Date of Birth - MM/DD/YY** [Grid of 3 empty boxes] / [Grid of 2 empty boxes] / [Grid of 2 empty boxes]

Home Address
 [Grid of 28 empty boxes]

Unit # [Grid of 5 empty boxes] **City** [Grid of 20 empty boxes] **State** [Grid of 2 empty boxes] **Zip code** [Grid of 5 empty boxes]

Home Phone Number [Grid of 3 empty boxes] [Grid of 3 empty boxes] [Grid of 3 empty boxes] **Personal Cell Phone Number (preferred)** [Grid of 3 empty boxes] [Grid of 3 empty boxes] [Grid of 3 empty boxes] **Office Phone Number** [Grid of 3 empty boxes] [Grid of 3 empty boxes] [Grid of 3 empty boxes] **Extension** [Grid of 2 empty boxes]

Primary Personal Email (Not your government email address)
 [Grid of 28 empty boxes]

Government Email
 [Grid of 28 empty boxes]

Name of Unit
 [Grid of 28 empty boxes]

Unit City [Grid of 15 empty boxes] **Unit State** [Grid of 2 empty boxes] **Unit Zip code** [Grid of 5 empty boxes] ARMY Air Force DHA

By providing your email and phone, you confirm your consent to receive messages from LIUNA & its affiliates, including any autodialed call, text message or email, about important matters, including your contract, benefits, union operations, political, and legislative matters. You can opt-out at any time.

ACCIDENT INSURANCE BENEFICIARY

Beneficiary Last Name
 [Grid of 28 empty boxes]

Beneficiary First Name [Grid of 20 empty boxes] **M.I.** [Grid of 1 empty box] **Date of Birth - MM/DD/YY** [Grid of 3 empty boxes] / [Grid of 2 empty boxes] / [Grid of 2 empty boxes]

Beneficiary Address
 [Grid of 28 empty boxes]

Unit # [Grid of 5 empty boxes] **City** [Grid of 20 empty boxes] **State** [Grid of 2 empty boxes] **Zip code** [Grid of 5 empty boxes]

Relationship
 [Grid of 28 empty boxes]

Death Benefits to be paid to Beneficiary named above

Members Signature _____