

CWA MEMBERS' RELIEF FUND STRIKER CERTIFICATION FORM

Local 4340

Bargaining Unit: AT&T Legacy S
(Please check one) Business Services
 AT&T Legacy T

PLEASE PRINT

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP CODE _____

LAST 4 DIGITS OF SOCIAL SECURITY #: _____

PHONE (HOME): _____

PERSONAL CELL _____

PERSONAL E-MAIL _____

EMPLOYER _____

WORK ADDRESS: _____

STEWARD'S NAME: _____

I certify that I am eligible to receive strike benefits under the rules of the Members' Relief Fund. I understand that if I am found ineligible under the rules, I will return any payments I am not entitled to.

Eligibility Verified (Local use only)

Striker's Signature

Opeiu1794

Date