

Please put "pendant" on the
outside of the envelope

Verizon CWA IBEW 2213

Please keep a copy for your records.

Quarterly Request for Pendant Reimbursement

Employee Name:		Employee ID# :	
_____ Last NameFirst 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

☐ CWA Local # _____ ☐ IBEW 2213 ☐ Management

Family Member's Name: _____ Text

EMPLOYEE SECTION

First Quarter 1/1/2025 - 3/31/2025 Amount Paid \$ _____ Deadline for Submission April 11, 2025	Second Quarter 4/1/2025 - 6/30/2025 Amount Paid \$ _____ Deadline for Submission July 11, 2025	Third Quarter 7/1/2025 - 9/30/2025 Amount Paid \$ _____ Deadline for Submission October 10, 2025	Fourth Quarter 10/1/2025 - 12/31/2025 Amount Paid \$ _____ Deadline for Submission January 9, 2026
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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 _____

For Office Use Only

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: **Please put “pendant” on the outside of the envelope!**

**NY/NE Regional Work & Family Committee
c/o Beverly Steele, Fund Administrator
120 Hicksville Road
Room 200-A
Massapequa N.Y. 11758**

Questions?

Contact your Local Union Office

For further information go to www.regionalwfrc.com