



UFCW Local 496

2901 Ridgelake Dr., Ste 202
Metairie, LA 70002
504-828-7942
ufcw496.org

Date Received:

Benefit Start Date:

Sick Benefit Plan Application

Name: _____ Date of Birth: _____

Social Security Number: _____

Address: _____

Email address: _____

Cell: (____) - ____ - _____ Sex: M F

Weekly Benefit Monthly Cost Total (with dues)

- 1 Unit \$20/week benefit= \$1/month= \$34.00
- 2 Units \$40/week benefit= \$2/month= \$35.00
- 3 Units \$60/week benefit= \$3/month= \$36.00
- 4 Units \$80/week benefit= \$4/month= \$37.00
- 5 Units \$100/week benefit= \$5/month= \$38.00
- 6 Units \$120/week benefit= \$6/month= \$39.00
- 7 Units \$140/week benefit= \$7/month= \$40.00
- 8 Units \$160/week benefit= \$8/month= \$41.00
- 9 Units \$180/week benefit= \$9.25/month= \$42.25
- 10 Units \$200/week benefit= \$10.50/month= \$43.50
- 11 Units \$220/week benefit= \$11.75/month= \$44.75
- 12 Units \$240/week benefit= \$13.00/month= \$46.00
- 13 Units \$260/week benefit= \$14.25/month= \$47.25
- 14 Units \$280/week benefit= \$15.50/month= \$48.50
- 15 Units \$300/week benefit= \$16.75/month= \$49.75

Choose one option

I wish to enroll in the UFCW Sick Benefit Plan and to purchase Sick Benefit Units selected above.

Signature: _____

Date: _____

