

APPLICATION FOR DUES FREE MEMBERSHIP FOR DISABLED MEMBERS
ON LEAVE WITHOUT PAY

I certify that as a member in good standing, I _____, have been
(Print Full Name)

disabled from employment as of _____ and I have been placed on leave without pay from
(Date)

_____ to _____ by my employer. I hereby apply for dues free
(Date) (Date)

membership for the duration of my leave without pay due to _____ .not to
(Please list reason: accident, workers comp, illness)
exceed one (1) year.

Please note, dues free membership does not protect your membership rights with respect to running or holding union office, signing nominating petitions for potential candidates, voting in union elections and voting on collective bargaining contracts. Only full dues paying members "in good standing" can participate in these activities. To be "in good standing" your dues cannot be delinquent. You must pay your dues directly to CSEA, to maintain "good standing" and your voting rights as a CSEA member, while you are on a leave of absence without pay. The purpose of dues free membership is to allow members to continue their insurance coverage while out of work. Please remember, it does not protect your right to run or hold union office.

It should be noted that CSEA membership is a requirement to continue participation in the CSEA voluntary insurance programs. While you are disabled, you must make arrangements to direct pay your insurance premiums to keep your insurance coverage in force. Please call the CSEA Insurance Dept at 1-800-342-4146, to make these arrangements.

Please be advised you MUST contact the Employee Benefit Fund at 1-800-323-2732 for further information regarding your benefits.

I will notify the Membership Department of CSEA the date I return to work and will furnish CSEA with the name of my employer and my work address. If you have any questions, please call 1-800-342-4146 .

SIGNATURE OF MEMBER: _____

CSEA MEMBER ID NUMBER: _____

HOME ADDRESS: _____

CITY, STATE & ZIP: _____

AREA CODE & HOME PHONE: _____

EMPLOYED BY: _____

WHEN COMPLETED, PLEASE FAX (518-465-2382) OR MAIL THIS FORM TO:

**CSEA, INC., MEMBER SOLUTIONS CENTER
143 WASHINGTON AVENUE
ALBANY, NY 12210**