

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: _____ Last Name _____ First Name _____		Employee ID# : _____	
Home Address: _____		City: _____	State: _____ Zip: _____
Home Telephone # : _____		Personal Cell # : _____	
Work Address: _____		City: _____	State: _____ Zip: _____
Work Telephone # : _____		Work e-mail Address: _____	
Check one of the below boxes to indicate your affiliation with Verizon			
<input type="checkbox"/> CWA Local # _____		<input type="checkbox"/> IBEW 2213	<input type="checkbox"/> Management

Family Member's Name: _____

Text

EMPLOYEE SECTION

First Quarter

1/1/26 - 3/31/26

Amount Paid

\$ _____

Deadline for Submission

April 10, 2026

Second Quarter

4/1/26 - 6/30/26

Amount Paid

\$ _____

Deadline for Submission

July 10, 2026

Third Quarter

7/1/26 - 9/30/26

Amount Paid

\$ _____

Deadline for Submission

October 9, 2026

Fourth Quarter

10/1/26 - 12/31/26

Amount Paid

\$ _____

Deadline for Submission

January 8, 2027

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.regionalwfc.com