

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 # :		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

1/1/26 - 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.regionalwfrc.com](http://www.regionalwfrc.com)**