



Communications Workers of America, AFL-CIO
LOCAL 1180 BENEFITS FUNDS

Dear Member:

Welcome to CWA Local 1180 Security Benefits Fund. We are enclosing an Enrollment Card, a Designation of Beneficiary Card and an Authorization to Deduct Union Dues Card. Please complete, sign and return the cards to the Fund Office. We will forward the dues authorization card to the Union. If you are married and/or have dependent children, please send us a copy of your marriage certificate and/or your dependent children's birth certificates. Your domestic partner is eligible for benefits when you present proof of certification by the City of New York Domestic Partners' Health Insurance Coverage.

Please carefully review the enclosed Benefits Plan Handbook and Outline of Benefits for Active Employees. They describe the broad array of benefits available to you and your eligible dependents through the Fund.

Also enclosed you will find informational material that describes the dental and optical plans. You must choose a dental coverage plan for yourself and your eligible dependents at this time.

A prescription card will be issued to you after the Fund receives your completed enrollment card. Please allow several weeks for processing. We are including forms that you may use for reimbursement of out-of-pocket expenses for prescription drugs you may require before you receive your prescription card. However, reimbursement forms cannot be processed before your enrollment is completed. Please follow the instructions provided on the form.

In order to expedite your coverage, please send us any pertinent information from your agency that verifies your appointment and date of entry into a title covered by CWA Local 1180.

Return all required documents described above in the return envelope provided and addressed to the CWA Local 1180 Security Benefits Fund.

The CWA Local 1180 Members' Annuity Fund Beneficiary Designation Form enclosed pertains to tax deferred contributions made by the City of New York, Department of Education, Health and Hospitals Corporation, various Retirement Systems, NYC Transit, and Housing Authority on behalf of our members. The form should be completed, signed, dated, witnessed and mailed to Administrative Services Only, Inc. in the envelope provided for that purpose.

If you have any questions please feel free to call the Fund Office at the telephone number indicated above.

In unity,

Arthur Cheliotis
Chairman
Board of Trustees

REV: August 23, 2007
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