

**VANTAGE INSURANCE SERVICES
CAFCC**

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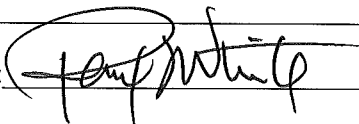
P.O. BOX 3081 SALINAS, CA 93912

UNITED INDUSTRIAL & SERVICE WORKERS OF AMERICA,
NFIU, LIUNA, AFL-CIO
WELFARE BENEFIT TRUST FUND
AND
BARGAINING UNIT AGENCY PARTICIPATION IN
UNITED INDUSTRIAL & SERVICE WORKERS OF AMERICA,
NFIU, LIUNA, AFL-CIO

EMPLOYEE NAME _____ DATE OF BIRTH _____
ADDRESS _____ TELEPHONE _____
CITY, STATE, ZIP CODE _____
SOCIAL SECURITY NUMBER _____ SINGLE _____ MARRIED _____
EMPLOYER _____ JOB TITLE _____

I hereby apply for United Industrial & Service Workers of America, NFIU, LIUNA, AFL-CIO, under the collective bargaining agreement between my employer as a member of the Vantage Insurance Services/CAFCC and United Industrial & Service Workers of America, NFIU, LIUNA, AFL-CIO. I also hereby apply for participation in the United Industrial & Service Workers of America NFIU, LIUNA, AFL-CIO, Benefits Trust Fund, established by that collective bargaining agreement.

I hereby authorize my employer to deduct from my wages and transmit to United Industrial & Service Workers of America, NFIU, LIUNA, AFL-CIO, such amount as may be lawful and properly adopted in the current bargaining agreement as the agency fees. This authorization shall be irrevocable for the period of one year following the date it is signed or until the current collective bargaining agreement expires, whichever occurs first. The authorization shall automatically renew from year to year unless fifteen (15) days prior to the termination of the annual date, I revoke this authorization by written notice to the union and the employer.

EMPLOYEE: _____ DATE: _____
UNION REPRESENTATIVE:  _____ DATE: _____

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COMPANY NAME: _____ CONTACT PERSON: _____

COMPANY ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS: _____ NUMBER OF YEARS IN BUSINESS: _____

COMPANY TAX ID #: _____ NUMBER OF EMPLOYEES _____

I hereby apply for membership in the Vantage Insurance Services/CAFCC As an owner/partner of the above named business, I am applying for benefit programs made available through the Vantage Insurance Services/CAFCC at this time. It is understood that acceptance as a member in the Vantage Insurance Services/CAFCC does not provide for automatic acceptance for medical benefits. Under federal law participation in the Vantage Insurance Services/CAFCC and the United Industrial & Service Workers, of America, NFIU, LIUNA, AFL-CIO Welfare Benefit Trust Fund program is subject to written guidelines and approval of its Board of Trustees.

I hereby acknowledge that health care benefits are made available to us under a "Taft-Harley" trust established in a collective bargaining agreement between the VANTAGE INSURANCE SERVICES/CAFCC. and the United Industrial & Service Workers of America, NFIU, LIUNA, AFL-CIO. If this business elects to participate in the health care benefits, through membership in the VANTAGE INSURANCE SERVICES/CAFCC., this business agrees to become signatory to that collective bargaining agreement. Referenced collective bargaining agreement is held at the office of the Vantage Insurance Services/CAFCC for inspection during normal business hours and a copy will be made available for valid business purposes.

I also acknowledge and agree that a portion of the allowed benefit contribution includes Vantage Insurance Services/CAFCC membership dues (if any) and any other fee for each employee participating in the benefit programs. The total amount stated for the selected program includes all premiums, dues, fees and administrative charges.

I understand that each employee who participates in the health program under the collective bargaining agreement must comply with the union security clause of that agreement by fulfilling employee dues obligations.

I understand that the benefit contributions are invoiced and payable in advance of the coverage period. If payment is not received at least five (5) days prior to the next coverage period, benefits may be cancelled at the end of the period in effect.

EMPLOYER SIGNATURE: _____ DATE: _____

UNION REPRESENTATIVE: Paul White DATE: _____