



## Union membership works for you 24 hours a day.

When you join the union, you enjoy the on-the-job protection that a union contract can bring. You also have access to the Union Plus® benefits, which help you when you're at home. These benefits, which are backed by the collective strength of over 13 million members of AFL-CIO unions, help you and your family save money. With the savings the Union Plus benefits provide, being a union member makes dollars and sense.

### **THESE MONEY-SAVING BENEFITS ARE AVAILABLE ONLY TO UNION MEMBERS.**

#### Credit Card

A union-endorsed credit card that may save you money. Features include a competitive-rate, no annual fee and a unique, valuable Member Advocacy Program.

#### Credit Builder Program

A special credit card available to help you establish or re-establish your credit. Features include no application fee, a credit line equal to 100% of deposit, and a 25-day grace period.

#### Mortgage and Real Estate

Makes buying, selling or refinancing a home easier and more affordable. Features include layoff and disability assistance, and an easy over-the-phone application process. The program is open to your parents and children.

#### Life Insurance

Term insurance at low group rates and premium waiver during layoffs.

#### Auto Buying Service

Helps members purchase new and used vehicles at hundreds of dollars below typical dealer listings. This is a free service.

#### Education Loan

A complete package of college education and job skills training loans. Free financial aid counseling to answer your questions and guide you through the application process.

#### Loan Program

Competitive-rate personal and home equity loans. Ideal for debt consolidation.

#### Legal Service

Free and discounted legal assistance. Program benefits include a free consultation up to 30 minutes, and a 30% discount on legal services.

#### Dental & Vision

Savings on out-of-pocket dental and vision care. Low annual fee.

#### Health Savings

Save on prescriptions and vision care for a low annual fee.

#### Accident Insurance

Receive \$10,000 of Workplace Accidental Death insurance at no cost; or purchase All-Cause Accidental Death and Dismemberment coverage up to \$100,000.

#### Motor Club

Affordable and reliable sign-and-go roadside assistance. Annual membership fee is \$39.95 for one driver.

#### Family Savers

##### Walt Disney World Hotel

Special union member leisure rate at Hotel Royal Plaza.

##### Car Rentals

Savings on daily, weekly and weekend car rentals.

##### Hearing Care

Savings on hearing tests and hearing aids. Program available to immediate family members, including parents and grandparents.

##### Union-Made Checks

Union-printed checks and return-address labels that feature your union logo. Checks are accepted by all banks and credit unions.

##### Flower Service

Save 15% when you send floral arrangements, wreaths or gift baskets.

##### North American Van Lines

Interstate moves with special union member rates.

These Union Plus benefits are brought to you by

## Union Privilege

For more information about the benefits of union membership, contact your Local AFGE Benefits Coordinator or call toll-free:

**1-888-844-AFGE (2343)**

DC Residents: 202-639-6941

**www.afge.org**

### American Federation of Government Employees, AFL-CIO

80 F Street, NW, Washington, DC 20001

The Union Plus programs are subject to change. No union dues are used to provide these benefits.



# REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Form 1187/Revised 1997

Section 5525 of title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an

organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

Please print in **BLOCK UPPERCASE LETTERING** using black ink.

1. LAST NAME FIRST MI. [Grid of boxes for name entry]

2. HOME ADDRESS APT. OR SUITE NO. [Grid of boxes for address entry]

CITY STATE ZIP + FOUR [Grid of boxes for city, state, and zip code entry]

3. EMPLOYEE SSN 4. DATE OF BIRTH 5. HOME PHONE NUMBER: [Grids for SSN, birth date, and phone number entry]

6. NAME OF AGENCY [Grid of boxes for agency name entry]

7. OFFICE PHONE NUMBER AND EXT. 8. EMAIL ADDRESS [Grids for office phone and email address entry]

## Section A—Authorization By Employee

I hereby authorize the agency named below to deduct from my pay each pay period, or the first full pay period of each month, the amount certified below as the regular dues of the (Name of Labor Organization and Local #):

L [Grid of boxes for local number entry]

and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the below named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay

period following its receipt in the payroll office of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency. Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at the left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

GENDER (OPT.) M F DATE SIGNATURE OF EMPLOYEE [Grids for gender, date, and signature entry]

FOR COMPLETION BY AGENCY ONLY—The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES" send this form to payroll. If "NO" return this form to the labor organization.) YES NO

## Section B—For Use By Labor Organization

Name of Labor Organization (Indicate Local) AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL: [Grids for organization name and local number entry]

I hereby certify that the regular dues of this organization for the above named member are currently established at \$\_\_\_\_\_ per biweekly pay period, and that the below-listed recruiter is a new AFGE member eligible to participate in the current Bonus Bucks campaign.

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL DATE COUNCIL # [Grids for signature, date, and council number entry]

[ ] Check here if you joined AFGE AFTER NOV. 30, 2001. BONUS BUCKS RECRUITER ID: [Grid of boxes for recruiter ID entry]

RECRUITER LAST NAME FIRST MI. [Grids for recruiter name entry]

RECRUITER SSN DATE [Grids for recruiter SSN and date entry]

[ ] Check here and complete if your address has changed: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

