



TRANSPORT WORKERS UNION

OF GREATER NEW YORK • AFL-CIO • LOCAL 100

John Samuelson
President

Israel Rivera, Jr.
Secretary Treasurer

Benita Johnson
Recording Secretary

Angel Giboyeaux
Administrative VP

September 30th, 2010

RE: Registration for Local 100 Solidarity Fund Benefits

Dear Brothers and Sisters:

As you have heard the Local 100 membership has voted to assess itself \$5 per week in order to cover the health insurance needs of members in good standing who have been laid off. If you are in bad standing most of you owe less than \$600 and this benefit is worth well over \$6000, so please call the dues center to bring yourself into good standing immediately to take advantage of this benefit.

For members who have already enrolled in cobra

- **FILL OUT and SIGN** the Solidarity Fund Health Benefits Application & Agreement and your current cobra invoices **THEN fax, mail or submit it in person.** (See details below on faxing and mailing)
- Submit for reimbursement, previous invoices that you have already paid with proof of payment

Please note you can only receive a maximum of six (6) months of solidarity benefits which includes all reimbursements.

Hurry! For Members who have NOT elected cobra

If you did not opt into the Authority's COBRA program because you could not afford it, we can assist you with your benefits but you **MUST** fill out the Cobra Continuation form and the Solidarity Application **NOW!** The Union has reached an agreement with the MTA to re-offer COBRA coverage with a new opt-in deadline. As a result you **will soon get another package in the mail from the Authority's COBRA administrator**, called SHPS Continuation Services. That package will include a form, with the exact cost of your COBRA coverage.

Here is what you must do:

- **CHECK – OFF** the coverage you want, make two copies, **and send the original back to SHPS** and a copy to Local 100. **DO NOT PUT THIS PACKAGE ASIDE TO LOOK AT LATER.** If it is confusing, please call the Solidarity Fund at 212-873-6000 Ext 2036, the union is here to help you and will keep helping you every step of the way.
- **FILL OUT and SIGN** the Solidarity Fund Health Benefits Application & Agreement and **fax, mail or submit it in person.**

FAX (the fastest method):

MAIL to:

IN PERSON:

(212) 873 – 5438 Using enclosed cover page (incl. pass # and name)

TWU Local 100 Solidarity, PO BOX 4119 New York, NY 10133-0666

80 West End Ave, NY, NY 10023, 6th Floor, Dues Center

In Solidarity,

John Samuelson