

# E-49

## Request for Relief from Payment of Dues and Assessments, including JB/ISP Assessments, Other than Insurance Premiums

in the

**UNITED TRANSPORTATION UNION**

I, \_\_\_\_\_ ,  
(Please Print Name in Full)

Member of Local No. \_\_\_\_\_ , not having been engaged in transportation service or in the service of the United Transportation Union for a full calendar month (excluding vacation), hereby make application to be relieved from the payment of dues and assessments, including JB/ISP assessments, other than insurance premiums, beginning with the month of \_\_\_\_\_ , for the following reason:

Out of Service Date \_\_\_\_\_

1. Reduction in force \_\_\_\_\_
2. Disabled by sickness or injury \_\_\_\_\_
3. Dismissed from service \_\_\_\_\_
4. Resigned from service \_\_\_\_\_  
(JBF/ISP Automatically Terminated)
5. Entered military service \_\_\_\_\_
6. Retired\* \_\_\_\_\_  
(JBF/ISP Automatically Terminated)
7. Other (Specify \_\_\_\_\_ ) \_\_\_\_\_

\* If totally disabled or having twenty (20) years continuous membership and retired from transportation service, the following is to be completed:

Have been a member continuously since \_\_\_\_\_

*I agree to promptly report to the local Treasurer the date of my return to the active service of my employer and to pay full dues and assessments, including JB/ISP assessments, beginning with the first month thereafter.*

**Applicant's Signature** \_\_\_\_\_  
(Name in Full)

To be completed in duplicate:  
*Original* — to General Secretary and Treasurer  
*Duplicate* — to be retained by Local Treasurer

**For Office Use Only:** Effective Date: \_\_\_\_\_

