

Michael A.
Straeter
President



Jesse
Gonzales
Secretary-
Treasurer

Important Message to All Members of UFCW Local 1442

"Strength Through Solidarity"

Sisters and Brothers:

I am extremely pleased to report that your Local Union is providing all active members of UFCW Local 1442 with a Life and Accidental Death and Dismemberment Insurance Policy, effective December 1, 2008.

Following a review of many different proposals from insurance companies, your Union's Executive Board approved Amalgamated Group Life Insurance Company. They were selected because of the unique approach in benefit design and the competitive pricing they brought to the table.

The unique benefit design is illustrated below. The benefit amount is tiered based on the length of time you have been an active member of UFCW Local 1442 without a break in membership.

LIFE BENEFITS & FEATURES				
LIFE INSURANCE BENEFIT AMOUNT	LENGTH OF TIME YOU ARE AVAILABLE FOR WORK AND ACTIVE WITH UFCW LOCAL 1442			
	LESS THAN 5 YEARS OF SERVICE	5-10 YEARS OF SERVICE	10-15 YEARS OF SERVICE	15 PLUS YEARS OF SERVICE
	\$5,000	\$10,000	\$15,000	\$20,000

To assist you in understanding how the length of time and benefit tiers work, we have provided a few examples below:

1. New member of UFCW Local 1442 as of 12/1/2015, life insurance benefit will be \$5,000.00 (\$10,000.00 if accidental death).
2. 13 year member of UFCW, however 7 year member of Local 770, 6 year member of Local 1442, life insurance benefit will be \$10,000.00 (\$20,000.00 if accidental death).
3. 18 year member of Local 324, transferred to Local 1442 effective May 2016, life insurance benefit will be \$5,000.00 (\$10,000.00 if accidental death).
4. 17 year member of UFCW Local 1442, life insurance benefit will be \$20,000.00 (\$40,000.00 if accidental death).
5. 8 year member of UFCW Local 1442, transferred to 770 for 5 years, returns to Local 1442 for 5 years, life insurance benefit will be \$15,000.00 (\$30,000.00 if accidental death). This is because you can "stack" your time with Local 1442; you will get credit for 13 years.
6. 10 year member of UFCW Local 1442, left industry, was not a member for 3 years, returns to the industry on 8/1/2016; life insurance benefit will be \$5,000.00 (\$10,000.00 for accidental death).

As always, your Local Union is working to protect its membership.

With warm personal regards,
Sincerely and fraternally yours,

Michael A. Straeter

Michael A. Straeter
President

United Food and Commercial Workers Union

9075 S. La Cienega Blvd. Inglewood, CA 90301
Office: (310) 322-8329 (UFCW) • Fax: (310) 846-5747
www.ufcw1442.org



Term Life and AD&D Insurance

Summary of Benefits for Members of UFCW Local 1442*

Eligibility	Member must be active with UFCW Local 1442 and willing, able, and ready to work.*
Payment	The Union pays 100% of the premium for this coverage.

Life Insurance Benefit Amount- All Guaranteed Issue*

Years of Service	5 or less years	5-10 years	10-15 years	15+ years
Benefit Amount	\$5,000	\$10,000	\$15,000	\$20,000

Living Care/Accelerated Death Benefit* - 50% of the amount of the life insurance benefit to maximum is available to you if terminally ill, but not to exceed benefit amount.*

Retirement- Your life Insurance Benefits will terminate at retirement.

AD&D Plan Provisions for UFCW LOCAL 1442*- The AD&D insurance is paid if the member is injured as a result of an accident and the injury is independent of sickness and all other causes.

Retirement	Coverage terminates at retirement
The entire benefit amount is paid for loss of:	Life, Both hands or both feet, sight of both eyes, any two or more: one foot, one hand, sight of one eye
50% of benefit amount is paid for loss of:	One hand or one foot or sight of one eye
Exclusions	Please refer to contract (SPD).

*This is only a summary of benefits. Please refer to your contract (SPD) for detailed benefit information.

Amalgamated Life

ENROLLMENT FOR LIFE INSURANCE

333 Westchester Avenue • White Plains, NY 10604

PLEASE TYPE OR PRINT

EMPLOYER/POLICYHOLDER NAME & ADDRESS UFCW 1442		POLICY NUMBER 26CA04			
EMPLOYEE / INSURED'S NAME & ADDRESS		(LAST)	(FRST)	MIDDLE INITIAL)	
STREET					
CITY, STATE, ZIP					
SOCIAL SECURITY NO.		Date of Birth (MONTH)		(DAY)	(YEAR)
PLACE OF BIRTH {CITY, STATE}		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
OCCUPATION		EMPLOYMENT DATE	EFFECTIVE DATE		

BENEFICIARY DESIGNATION

(Please Indicate a Primary and Contingent Beneficiary)

PRIMARY

The proceeds shall be divided equally among those of the following designated person or persons who survive the Insured.

Name	RELATIONSHIP	ADDRESS	%
1. _____			_____ %
2. _____			_____ %

CONTINGENT

The proceeds shall be divided equally among those of the following designated person or persons who survive the Insured, provided no Primary Beneficiary designated above has survived the Insured.

NAME	RELATIONSHIP	ADDRESS	%
1. _____			_____ %
2. _____			_____ %

DATE _____ 2 _____ SIGNATURE X _____

Complete your Beneficiary Designation Form and return it to our office.

