

NEW EMPLOYEES FACT SHEET

INSTRUCTIONS: THIS FORM SHOULD BE COMPLETED FOR **ALL** NEW EMPLOYEES THAT ARE NON-UNION OR RECENTLY INITIATED UNION MEMBERS WORKING THEIR FIRST UA JOB. PLEASE TYPE OR PRINT NEATLY AND FORWARD TO THE NATIONAL PENSION FUND OFFICE UPON COMPLETION. MAKE COPIES AS NEEDED.

COMPANY NAME: _____ NPF EMPLOYER ACCOUNT NUMBER _____

EMPLOYEE NAME	SOC. SEC. NUMBER	HOME ADDRESS	BIRTH DATE	LOCAL UNION AFFILIATION

PLEASE FAX THIS FORM TO:

FAX: Fax # (703) 739-9017
ATTN: MERGER AND NEW PARTICIPATION GROUP