



2589 Interstate Drive
Harrisburg, PA 17110-9602
(717) 526-4856
(888) 243-1524
FAX (717) 651-9529
www.pssuhwfund.org

TOM HERMAN, CHAIR

LINDA WHITTINGTON, ADMINISTRATOR

NEW LOCAL UNIT APPLICATION

LOCAL UNIT NAME: _____

BUSINESS AGENT: _____

CONTRACT NEGOTIATIONS START: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Total number of employees _____
2. Number of Employee/Family Coverage _____
3. Number of Employee/Single Coverage _____
4. Number of Employee/Spouse Coverage _____

Benefit Plan Description and Cost Information Needed for:

- _____ Prescription
- _____ Dental
- _____ Vision
- _____ Short-Term Disability
- _____ Long-Term Disability

Information Needed By: _____

RETURN THIS FORM TO THE HEALTH AND WELFARE FUND OFFICE.

BUSINESS AGENT

DATE

CONTACT NUMBER