

Brotherhood of Railroad Members Fraternal Benefit Association, LLC

PO Box 599, Fitzgerald, GA 31750

1.800.458.1442\ (229) 423-6768

Job Protection & Disability Application for Membership

JOB PROTECTION	\$25.00 A DAY	\$50.00 A DAY	\$75.00 A DAY	\$100.00 A DAY	\$125.00 A DAY	\$150.00 A DAY
DISABILITY PROTECTION						
\$500.00 a month disability	\$49.50	\$61.50	\$73.50	\$85.50	\$97.50	\$109.50
\$600.00 a month disability	\$58.00	\$70.00	\$82.00	\$94.00	\$106.00	\$118.00
\$700.00 a month disability	\$66.50	\$78.50	\$90.50	\$102.50	\$114.50	\$126.50
\$800.00 a month disability	\$75.00	\$87.00	\$99.00	\$111.00	\$123.00	\$135.00

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone # _____ () _____ E-mail _____

Seniority Date _____ Employed by _____

DOB _____ ID# _____

SUSPENSION HISTORY

Give the date and reason for any previous suspension or deferred suspension.

+ IF NONE, CHECK HERE

Date	No. of days served	Reason

Are you on probation at this time? Yes / No

Is there any occurrence pending that may result in suspension/discipline? Yes / No

If yes, explain:

***NOTICE: ANY FALSE INFORMATION WILL VOID ALL PROTECTION BENEFITS.**

A Certificate of Membership will be issued upon approval of application. As a member I agree to be bound by the complete acceptance of all terms, conditions or provisions set forth by the BRMFBA, LLC. If these provisions are not agreeable, I will return the certificate within thirty (30) days for a full refund. I also certify that all statements, answers or information is true without concealment.

CSX, NS, or BNSF Authorization for Payroll Deduction

YES NO (please circle one)

Signature of Applicant

Date