



**Transport Workers Union - Local 106
Transit Supervisors Organization**

5768 Mosholu Avenue - Bronx NY 10471
Telephone (718) 601-7100 - Fax (718) 601-6300
www.twu106.org

New Member Information Sheet

(PLEASE enter all information, print clearly, sign and return to us as soon as possible)

Orig. Date of Hire: _____ DOA: _____ Title/Dept.: _____

Pass No.: _____ BSC ID# _____ Title Code: _____ Work Loc. _____

Date of Birth: _____ Pension Tier/Plan: _____ Last 4 Digits SS#: _____

Name: _____
(Last Name) (First Name)

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home: () _____ Work: () _____

Cell: () _____ Email: _____

Medical Plan: Aetna / NYSHIP/ GHI Dental Plan: Cigna PPO / Cigna DHMO / Healthplex
(Circle one) (Circle one)

Medical Coverage: Family / Single Medical Opt-out: Yes / No Veteran: Yes / No
(Circle one) (Circle one) (Circle one)

PLEASE LIST ALL DEPENDENTS, RELATIONSHIP, DATE OF BIRTH, ETC.

NAME	RELATIONSHIP	DATE OF BIRTH	Name of College if Attending full time
1.			
2.			
3.			
4.			

IMPORTANT: Signature: _____ Date: _____
(USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED)