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 (if known):_____

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 (Circle one) **Dental Plan:** Cigna PPO / Cigna DHMO / Healthplex (Circle one)

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