

E - 49

REQUEST FOR RELIEF FROM PAYMENT OF DUES AND ASSESSMENTS, INCLUDING DIPP ASSESSMENTS, OTHER THAN INSURANCE PREMIUMS, IN THE SMART TRANSPORTATION DIVISION

I, _____
(please print name in full)

a member of Local _____, not having been engaged in transportation service or in the service of the SMART Transportation Division for a full calendar month (excluding vacation), hereby make application to be relieved from the payment of dues and assessments, including DIPP assessments, other than insurance premiums, beginning with the month of _____ for the following reason:

Out of service date: _____

Please specify reason:

- Reduction in force
- Disabled by sickness or injury
- Dismissed from service
- Entered military service
- Resigned from service
(DIPP automatically terminated)
- Retired*
(DIPP automatically terminated)
- Other (please specify) _____

*If totally disabled or having twenty (20) years continuous membership and retired from transportation service, the following must be completed:

I have been a member continuously since _____.

I agree to promptly report to my local treasurer the date of my return to the active service of my employer and to pay full dues and assessments, including DIPP assessments, beginning with the first month thereafter.

Applicant's signature _____
(Name in full)

To be completed in duplicate: Original to SMART general secretary – treasurer; duplicate to be retained by local treasurer.

For office use only: Effective date: _____

Rev 11/14



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