

SIGNATURE PAGE

SIGN AND RETURN FOR 2019 VISION AND/OR DENTAL INSURANCE

Acceptance of Terms – I have read the above-listed terms of the Plumbers & Steamfitters Local Union No. 136 Voluntary Dental and Vision Plan and agree to accept and abide by the terms as stated herein.

Printed Name: _____

Signature: _____ Date _____
(Member)

The Voluntary Dental and Vision Plan will be effective upon the date of execution by an authorized representative of Plumbers & Steamfitters Local Union No. 136.

_____ Date: _____
John Bates