



BLET Short Term Disability Insurance Program



Part B opt-in form for UTU members

I, _____, a member of the United Transportation Union, wish to participate in Part B of the BLET Short Term Disability Program.

Name: _____
First Middle Last Suffix (Jr., Sr., III, etc...)

Address: _____

Phone & Email: _____

UTU Local: _____ **Railroad:** _____

Please enclose payment for \$276. Make checks payable to "BLET Short Term Disability Trust Fund," and mail to:

Jim Bradford
BLET Short Term Disability Administrator
222 Lake Ridge Rd.
Kerrville, TX 78028

Download this form at: <http://www.ble-t.org/pr/pdf/BLETSTD-UTUform.pdf>