

**BLET ENGINEERS ENROLLMENT 2010
OPT-IN/OPT-OUT FORM
PART B – BLET SHORT TERM DISABILITY INSURANCE PLAN**

If you desire to **OPT-IN** or **OPT-OUT** of Part B coverage under the BLET Short Term Disability Insurance Plan, complete the remainder of this form. Be sure to include your signature and the date and deliver to your Division Secretary-Treasurer by **December 15, 2009**.

“I, _____ (Print your name here and sign below), hereby choose to: (Mark with an “X”)

OPT-IN
 OPT-OUT

of the BLET Short Term Disability Insurance Plan, Part B. I understand that if I **OPT-OUT**, I may only seek enrollment in Part B during a future open enrollment period.”

Signature: _____ Date: _____
Phone Number: _____

DEADLINE IS DECEMBER 15, 2009

**UTU-E ENGINEERS ENROLLMENT 2010
OPT-IN FORM
PART B – BLET SHORT TERM DISABILITY INSURANCE PLAN**

If you desire to **OPT-IN** to Part B coverage for 2010 under the BLET Short Term Disability Insurance Plan, you must be eligible for Part A. If you purchased coverage for 2009, your coverage will end on Dec. 31, 2009. Complete the remainder of this form. Be sure to include your signature and the date. A check made out to the “BLET Trust Fund” for \$276 should be sent by **DECEMBER 15, 2009** to:

Jim Bradford
BLET STD Administrator
222 Lake Ridge Rd.
Kerrville, Texas 78028

“I, _____ (Print your name here and sign below), hereby choose to **OPT-IN** to the BLET Short Term Disability Insurance Plan, Part B.”

Signature: _____ Date: _____
Address: _____ Phone #: _____
E-mail: _____ Railroad: _____ UTU Local #: _____

DEADLINE IS DECEMBER 15, 2009
