

**IBEW Local 449  
Vacation Saving Plan**

**\*\*\*Fax a completed copy of this form to IBEW Local 449 (208) 233-7427\*\*\***

To: \_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Address

I am a member of International Brotherhood of Electrical Workers (IBEW) Local 449 and hereby elect to voluntarily participate in the Vacation Savings Plan.

I authorize you to withhold from my salary \$\_\_\_\_\_ \* per hour during the payroll period beginning \_\_\_\_\_ \*\* and during each payroll period thereafter until this Authorization is canceled or modified in writing by me. You are authorized and directed to remit and pay to the 8<sup>th</sup> District Electrical Benefit Fund the total amount withheld from my salary; the 8<sup>th</sup> District Electrical Benefit Fund will issue a check, payable to the Bank, and mail to IBEW Local 449; the Local Union will then deposit the money into the individual employees vacation account at the Bank of Idaho.

Dated \_\_\_\_\_ Physical Address \_\_\_\_\_

Signature \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Printed Name \_\_\_\_\_ Social Security# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

**PLEASE ATTACH COPY OF DRIVERS LICENSE**

Attach Here

**ACCEPTANCE**

The Undersigned employer accepts the above Authorization and agrees to remit and pay to the Eighth District Electrical Benefit Fund for the IBEW Local 449 Vacation Savings Plan all salary withheld pursuant to the above Authorization on or before the 15<sup>th</sup> day of the calendar month after the calendar month in which such salary withholding occurred.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

Employer Name \_\_\_\_\_

\* Must be increments of \$0.50

\*\* The Authorization, or any modification or cancellation, must be received by the Employer and the IBEW Local 449 at least 15 days prior to the beginning of the specified payroll period.