

**IBEW LOCAL UNION 180 BARGAINING UNIT CLASSIFICATION VOTE
[JOURNEYMAN CLASSIFICATION AND VARIABLE VEBA]**

I.B.E.W. Local Union 180; Inside Agreement

Name: _____
(First), (MI) (Last)

SSN: _____

Effective Date: December 1, 2024

Employer: _____

Effective with the first payroll period on the date shown above, I elect the categories checked below.

Classification	D/C Pension	Classification	D/C Pension
<input type="checkbox"/> Journeyman A	\$1.40*	<input type="checkbox"/> Journeyman G	\$9.00
<input type="checkbox"/> Journeyman B	\$1.50	<input type="checkbox"/> Journeyman H	\$10.50
<input type="checkbox"/> Journeyman C	\$3.00	<input type="checkbox"/> Journeyman I	\$12.00
<input type="checkbox"/> Journeyman D	\$4.50		
<input type="checkbox"/> Journeyman E	\$6.00		
<input type="checkbox"/> Journeyman F	\$7.50		
	Class	Amount of Variable VEBA	
<input type="checkbox"/>	I	\$1.00*	
<input type="checkbox"/>	II	\$1.00	
<input type="checkbox"/>	III	\$3.00	
<input type="checkbox"/>	IV	\$5.00	

****Default level per the collective bargained agreement.***

I understand that this election, when approved, will stay in effect unless I elect to change it during the next Open Enrollment/Election Period. This authorization shall be irrevocable until that time. I understand that the bargaining parties open the collective bargaining agreement bi-annually for the specific purpose of bargaining unit benefit allocation selection.

Date

Signature

This request has been read and considered by an authorized agent of the I.B.E.W. Local Union 180. Pursuant to the collective bargaining agreement covering the employment of the above named person, having considered the request and the elected classifications, they are:

Classification Change: Approved Denied
 VEBA Change: Approved Denied

Signed for I.B.E.W. Local Union 180: _____