

CSEA 9201 Westchester Medical Center
Elmwood Hall, Room 332
100 Woods Rd., Valhalla, NY 10595
Telephone: (914) 493-7069, Fax: (914) 493-5069

Member Benefit Form

Members, please complete this section as well as the applicable section below and submit along with the required documentation to a CSEA 9201 Executive Board Member. Request must be submitted within 90 days of the event and while a member is in good standing.

Print Member Name	CSEA Membership Number	Signature	Date
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Home Address: (Street, City, State, Zip Code)

Cell Phone	Hospital Department	CSEA Job Title
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Article VIII, Section 4 – Bereavement Leave

A bereavement benefit of \$200 shall be given to an Employee in the event of the death of a member of the Employee's immediate family. Immediate family shall be defined as mother, father, stepmother, stepfather, spouse, children, and spouse's parents. Please submit this form along with one of the following: Obituary or funeral program stating relationship with member or bereavement time-off confirmation from department time keeper.

Family Member's Name	Relationship	Date of Passing
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Article X, Section 3 – Retirement

"Retirement means eligible to receive payment from the New York State Retirement System on the day following the employee's resignation date from the medical center." Please submit this form along with a copy of your first payment from the NYS Retirement System or layoff letter from WMC as applicable.

Last Day of Work	First Day of Retirement	Length of Employment at WMC
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Defensive Driving

Any member who completes the NYS Insurance approved Defensive Driving Program will be reimbursed at the CSEA Local 860 rate. Please submit this form along with a copy of your program certificate of completion.

Date Course was Taken	Location
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