IATSE LOCAL 492

STUDIO MECHANICS OF TN, KY AND N. MS

HONORABLE WITHDRAWAL REQUEST

**** Please make sure this form is legible and complete ****

I, _____ , hereby declare I have a $0 balance on my account
(please print your name)

and wish to take an Honorable Withdrawal from IATSE Local 492 effective on _____
(insert date)

I understand the following as part of my request for an Honorable Withdrawal: (initial next to each)

_____ I affirm I am no longer working in crafts covered by Local 492 and should I resume work in these crafts, I will immediately reinstate my membership to the Local.

_____ I understand taking an Honorable Withdrawal will remove my listing from the Local 492 roster and QRL and my resume will no longer be submitted for upcoming productions. I will also be removed from the Local 492 communications (newsletter, Facebook, general emails) and lose access to the Local 492 Phone App and social media platforms. I can also no longer attend meetings or participate in union elections, serve on committees, and my access to educational opportunities may be impacted.

_____ I understand taking an Honorable Withdrawal does not directly affect my status and accounts with the National Benefits Fund (NBF), but discontinuing union work may result in the eventual loss of health insurance eligibility and I may lose accrued pension credits and/or balances in my CAPP account. I understand Local 492 can not waive rules of the NBF and will contact the NBF directly with any questions or concerns.

_____ I will be eligible to rejoin Local 492 in the future by paying up to eight (8) lapsed quarters. I understand these monies are due to the International and Local 492 can not waive or discount the balance due. If the international's policy on rejoining after an Honorable Withdrawal changes in the future, I understand I may be required to meet those new policies.

_____ If I decide to rejoin Local 492, I will need to submit a new Personal Information Sheet with updated contact information. If my address has changed, I will need to submit an updated copy of my driver's license reflecting the new address.

_____ If I should decide to join another Local, I must first reinstate with Local 492 and then request a transfer to the new Local using the appropriate Transfer Request Form. I understand it is my responsibility to reach out to the new Local prior to requesting a Transfer Card so that I know their eligibility requirements to join.

Signed: _____ Date: _____

PLEASE RETURN THIS FORM TO:

IATSE Local 492
310 Homestead Rd.
Nashville, TN 37207

- or -

Email to: iatse492@comcast.net