

STEVE TISZA, *President*



LOCAL 4250

Workers of America

(AFFILIATED WITH AFL-CIO)

3055 Glenwood-Dyer Road
Lynwood, IL 60411
708-757-4065

Dear CWA Local 4250 Member:

DFR-1 FORM

In addition to a mailing to your residence, CWA Local 4250 Chief Steward/Executive Board Members will be distributing a DFR-1 form to all members. When **fully completed, signed and on file** with the Local 4250 Secretary/Treasurer, the DFR-1 form will entitle a member to receive monies from the CWA Members' Relief Fund (MRF). Disbursements from the MRF begin the 15th day of a strike against at\$t Inc., provided the member has met his/her weekly strike duty obligations. It is the members' responsibility to return the "**signed completed DFR-1 form**" to their Chief Steward/Executive Board Member.

The CWA International Union distributes MRF monies to Local 4250 based on the number of Local members eligible to receive funds from the MRF. The CWA International requires CWA members to complete, sign and have a DFR-1 form on file with the Local union in order to be eligible for MRF funds. If necessary, non-located members and members assigned to remote offices can mail their "**signed completed DFR-1 form**" to the Local union office at: CWA Local 4250 MRF/DFR-1 Form, 3055 Glenwood-Dyer Road, Lynwood, Illinois, 60411.

NO DFR-1 FORM ON FILE NO \$ NO EXCEPTIONS!

In the event a CWA member collects more than \$600 from the MRF in a calendar year, the IRS requires the Local to file a 1099 form for every member that receives more than \$600 from the fund. Local 4250 members can rest assured your Officers and Executive Board members are acutely aware that information provided on the DFR-1 form is very sensitive and will take great care to protect this information.

If you have any questions regarding the DFR-1 form, please feel free to contact me at the Local 4250 union office at 708-757-4065.

In Unity-Strength & Solidarity:

Steve Tisza, President
CWA Local 4250

**CWA MEMBERS' RELIEF FUND
STRIKER CERTIFICATION FORM**

Local _____

Bargaining Unit _____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

PHONE (Home): _____

E-Mail:

EMPLOYER: _____

WORKSITE: _____

STEWARD'S NAME: _____

I certify that I am eligible to receive strike benefits under the rules of the Members' Relief Fund. I understand that if I am found ineligible under the rules, I will return any payments I am not entitled to.

Eligibility Verified

Striker's Signature

Date