



Member-Only Benefits Information Request

Yes, I am a member of SEIU, Local 503 and would like additional information on the great benefits I'm eligible to receive. I have checked the appropriate boxes.

Member Information *(please print clearly)*

Name _____ Employer _____

Home Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Information Requested

- | | |
|--|--|
| <input type="radio"/> Enrollment Packet (Life & Legal) | <input type="radio"/> SEIU Rewards Visa Application |
| <input type="radio"/> Free Member Life Beneficiary Card Only | <input type="radio"/> SEIU Visa Prepaid Card Application |
| <input type="radio"/> Life Beneficiary Change Form | <input type="radio"/> Vacation Discount Card |
| <input type="radio"/> Life Summary Plan Description (SPD) | <input type="radio"/> Bright Now! Dental |
| <input type="radio"/> Legal Summary Plan Description (SPD) | <input type="radio"/> Aflac |

Mail Completed form to: SEIU Local 503, OPEU PO Box 12159, Salem, OR 97309