

# BROTHERHOOD'S RELIEF AND COMPENSATION FUND

2150 Linglestown Road, Harrisburg, PA 17110  
1-800-233-7080 www.brcf.org

## OPTION FORM – ARTICLE XVIII

### Check One

- 1) Complete relief of dues – I request that my BR&CF membership be placed in a non-beneficial status in accordance with the provisions of Article XVIII, Section 1, of the BR&CF *Constitution*. I understand that my membership will not accrue any time whatsoever toward claim or retirement benefits from the date my membership is placed in a non-beneficial status through the date my membership is restored to active standing.

OR

- 2) Partial relief of dues – I request that my BR&CF membership be placed in one ten (10) dollar level, retaining membership in the Organization for “Retirement” purposes only and paying minimum dues at the rate of \$4.50 per month, \$25.65 for six months or \$45.90 for twelve months, in accordance with the provisions of Article XVIII, Section 2, of the BR&CF *Constitution*. **If you choose this method, dues are required with this form. Please call our office to determine the correct dues amount.**

Amount enclosed: \$ \_\_\_\_\_

Last date worked: \_\_\_\_\_ Returned date if applicable: \_\_\_\_\_

Reason you are not working: \_\_\_\_\_

For any excess dues, please choose one of the following:

- Please hold excess dues until notified in writing that I have returned to work.
- Please refund excess dues. (Note: If all dues are refunded, a two month dues remittance will be required upon returning to active service.)

### Member Information

Name: \_\_\_\_\_ MemberID: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State /Prov.: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_