



Defined Benefit Pension Fund

In order to receive pension related credits in my home Defined Benefit pension fund (home DB fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DB fund. I also authorize my home DB fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring fund(s) and home DB fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DB fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DB fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept I Don't Accept

Defined Contribution Pension Fund

In order to receive pension related credits in my home Defined Contribution pension fund (home DC fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DC fund. I also authorize my home DC fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home DC fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DC fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DC fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept I Don't Accept

H&W Fund

In order to re-establish or preserve continuity of my eligibility in my home Health & Welfare (H&W) fund while working outside its jurisdiction, I hereby authorize all Health & Welfare funds signatory to the Electrical Industry Health & Welfare Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home H&W fund. I also authorize my home H&W fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home H&W fund. I agree to have my eligibility and benefits determined by the rules of my Home H&W fund and that my Home Fund may also require that I pay any difference in contribution rates and my failure to make payment in a timely manner could result in loss of coverage. I further understand and agree that I will receive the lesser of the amount provided in the current Collective Bargaining Agreement in effect in the jurisdiction of my home fund or the amount provided by the Collective Bargaining Agreement in effect in the jurisdiction of any participating fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring health & welfare fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home H&W fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home H&W fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept I Don't Accept

This is your authorization to set your account up in the ERTS Database for benefit reciprocity.

Please sign and date and return with membership application.

AUTHORIZATION FOR REPRESENTATION

I authorize Local Union No. _____ of the **International Brotherhood of Electrical Workers** to represent me as my National Labor Relations Act (NLRA), Section 9(a), bargaining representative in collective bargaining with present and future employers on all present and future jobsites within the jurisdiction of the Union. This Authorization is non-expiring, binding, and valid until such time as I submit a written revocation.

Name _____
(Print first, middle, and last name)

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

_____ Date of Authorization _____ Signature _____

IBEW L.U. 1205 INFORMATION FORM

Journeyman Wireman - Apprentice - Construction Wireman - Construction Wireman/Electrician

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Date: _____

PLEASE PRINT ALL INFORMATION

Last Name	First Name	Middle Name	Social Security Number	Date of Birth
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Street Address	City	County	State	Zip	Area Code and Home Phone No
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Position Applying For _____

List any relatives or friends who are members of this organization	NAME	RELATIONSHIP
_____	_____	_____
_____	_____	_____

In case of accident, please notify _____ Area Code & Phone Number _____

EDUCATION	Name & Location of School	Number of Yrs Completed	Date of Graduation	Diploma or Degree Earned
High School	_____	_____	_____	_____
Trade or Business School	_____	_____	_____	_____
College or Graduate School	_____	_____	_____	_____

Have you served an apprenticeship? YES NO

If YES, how long? _____ Trade _____ Local Union _____

Have you ever been a member of I.B.E.W.?

YES NO

If YES, what Local Union? _____ What years were you a member? _____

Reason for dropping membership _____

NON-JOURNEYMAN WIREMAN

*******FOR COMPANY USE ONLY*******

Initial Contact Person	CW4 _____
Date	CW/E1 _____
Recommended Classification	CW/E2 _____
Approved by	CW/E3 _____
DATE OF UPGRADE	A1 _____
CW1-P _____	A2 _____
CW1 _____	A3 _____
CW2 _____	A4 _____
CW3 _____	A5 _____
	JW _____

JOURNEYMAN WIREMAN	
Contact Date _____	Interview Date _____
Interviewed by: _____	
Acceptable for Employment <input type="checkbox"/> YES <input type="checkbox"/> NO	
Results of Interview: _____	

Hands on Test Date: _____	Score: _____
Written Test Date: _____	Score: _____
Overall Score: _____	
Recommendation: _____	
Starting Date: _____	Classification: _____

NECA/IBEW FAMILY MEDICAL CARE PLAN

410 Chickamauga Avenue, Suite 301

Rossville, GA 30741

http://www.NIFMCP.com

Phone (706) 841-7000

Fax (706) 841-7020

Toll Free (877) 937-9602

FAMILY ENROLLMENT FORM COMPLETE AND RETURN TO ADDRESS SHOWN ABOVE

Name of Employee _____ Soc. Sec. No. _____

Address _____
(street number and street name)

_____ Telephone No. (_____) _____
(city, state, zip code)

Local Union No. _____ Current Employer _____
(name, city, state, zip code)

Job Class: Journeyman (or above) Apprentice Construction Elec. Construction Wireman Non-Bargained-for Other: _____
(circle one)

Date of Birth _____ Sex: M F Marital Status: Single Married Div Sep Legally Sep. Widowed
(circle one) (circle one)

Name of Spouse _____ Sex: M F Date of Birth _____ Soc. Sec. No. _____
(circle one)

NEW EMPLOYEES OR NEW SPOUSES—ATTACH CERTIFIED COPY OF MARRIAGE CERTIFICATE.

Name of any family member through which other group coverage is provided _____

Name, address, telephone no., and group/member I.D.s for that health plan _____

List all dependent children under age 26

Full Legal Name	Relationship to you (natural child, step- child, etc.)	Does child live with you?	Child's Social Security Number	Date of Birth	Sex
1.					
2.					
3.					
4.					
5.					
6.					

FOR ANY NEWLY ENROLLED CHILD LISTED ABOVE, PLEASE SUBMIT A CERTIFIED BIRTH CERTIFICATE OR COPIES OF ALL PERTINENT COURT ORDERS (DIVORCE DECREES, CUSTODY AWARDS, PATERNITY ORDERS, ETC.).

LIFE INSURANCE BENEFICIARY

Designate one or more beneficiaries for your Life Insurance and AD&D Insurance benefits.

Primary Beneficiary(ies):

Full Legal Name	Relationship to You	Social Security Number	Date of Birth	% of total (must equal 100%)

Contingent Beneficiary(ies) - Insurance benefits will only be paid to a contingent beneficiary if there is no surviving primary beneficiary:

Full Legal Name	Relationship to You	Social Security Number	Date of Birth	% of total (must equal 100%)

The above-named beneficiary supersedes any and all beneficiaries previously designated. Designation of a beneficiary on this form will be valid only if the Fund Office receives this form while you (the employee) are still living.

Date Signed _____

Employee Signature _____

Spouse Employment Data Form 2023

➔ YOU AND YOUR SPOUSE MUST SIGN WHERE INDICATED BELOW.

1. EMPLOYEE INFORMATION.

1. Full name _____ SSN or Card ID# _____
2. Address _____
3. Email Address: _____ Cell Phone No. _____

2. SPOUSE INFORMATION.

1. Full name of spouse _____ Spouse's SSN _____
2. Spouse's employment status: not employed employed full-time employed part-time self-employed retired
3. Name of spouse's employer _____ Date of Hire _____
4. Contact person and telephone number at spouse's employer _____
5. Does spouse's employer offer a healthcare plan for its employees? Full Time Part Time No
6. Is spouse eligible to enroll in employer's healthcare plan? yes no 7. Is your spouse enrolled? yes no

WORKING SPOUSE RULE: This Plan requires that your spouse enroll in his or her employer's health plan. If your spouse fails to enroll, this Plan will reduce its benefits to 20% of covered charges. If you fail to complete this form his or her coverage will be terminated. If your spouse's employer offers health coverage but your spouse is not eligible to participate, you must submit a letter from the employer on company letterhead that explains the reason for his or her ineligibility.

- If your spouse's employer does not offer Medical Insurance you must provide a letter on company letterhead confirming that the Medical Benefits are not offered.

There is a hardship exemption to the working spouse rule for spouses earning: a) less than \$23,000 per year; or b) between \$23,000 and \$35,000 per year if the coverage costs your spouse more than \$200 per month.

Answer No. 8a and 8b below ONLY if you want to claim the hardship exemption. A letter attesting to wages and cost of coverage MUST BE PROVIDED from the employer on company letterhead. (W2s and Check Stubs are NOT acceptable)

- 8a. Annual salary (for current calendar year) _____ 8b. Monthly Insurance Premium _____
9. If not enrolled, when is your spouse's next enrollment opportunity? _____ When would coverage begin? _____

Answer the following questions if your spouse is enrolled in his or her employer's healthcare plan.

10. Has the Insurance Plan changed since the last enrollment period? yes no 12. If so, what is the effective date? _____
11. What was the termination date of prior coverage? (You MUST include a copy of the Letter of Creditable Coverage) _____
12. Provide the name of the insurance company/plan (Include a photocopy of both sides of your medical ID card) _____
13. Plan information: Group No. _____ Individual ID No. _____
 single coverage family coverage other (explain) _____

3. SIGNATURES.

EMPLOYEE'S SIGNATURE

I affirm that the information given on this form is true and correct to the best of my ability.

➔ _____
Employee's Signature _____ Date _____

SPOUSE'S SIGNATURE (AUTHORIZATION TO RELEASE INFORMATION)

I hereby authorize my employer to release information regarding my employer's health plan, and my eligibility for coverage under that plan to the NECA/IBEW Family Medical Care Plan (FMCP). This authorization shall remain in effect as long as I am eligible for benefits under the FMCP. I affirm that the information provided on this form is true and correct to the best of my ability.

➔ _____
Spouse's Signature _____ Date _____

4. SUBMIT TO FUND OFFICE.

Mail completed form to the FMCP at 410 Chickamauga Ave Suite 301, Rossville GA 30741. Or fax to (706) 841-7020

International Brotherhood of Electrical Workers

Local Union 1205

2510 N.W. 6th Street
Gainesville, Florida 32609



Tel: (352) 376-7701
Fax (352) 376-9922

Please complete and return the enclosed application along with all requested documentation to the hall. Once reviewed, your interview will be set with the Examining Board. The Examining Board meets by appointment only on the first Friday of each month at 9AM. A minimum of a week's notice is required to set up your interview. Hands on testing as well as a written test may be required at the time of your interview.

Be prepared to provide the following documentation prior to setting up your interview:

- Completion certificate from a federally registered apprenticeship program (optional)
- Journeyman License (optional)
- At least 5 years provable work history in the electrical trade
 - IRS, W2s, check stubs, or Social Security Print out
- ***More than five years work history will benefit your application***

IRS records can be obtained by request through the agencies website:

<https://www.irs.gov/individuals/et-transcript>

Get Transcript Online

What You Need

To register and use this service, you need:

- your SSN, date of birth, filing status and mailing address from latest tax return,
- access to your email account,
- your personal account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan, and
- a mobile phone with your name on the account.

What You Get

- All transcript types are available online
- View, print or download your transcript
- Username and password to return later

Get Transcript by Mail

What You Need

To use this service, you need your:

- SSN or Individual Tax Identification Number (ITIN),
- date of birth, and
- mailing address from your latest tax return

What You Get

- Return or Account transcript types delivered by mail
- Transcripts arrive in **5 to 10 calendar days** at the address we have on file for you



Gainesville Electrical Joint Apprenticeship and Training Committee



*P.O. Box 5428 • Gainesville, Florida 32627 • Phone: (352) 376-8375 • Fax: (352) 371-0288
gainesvillejatc@bellsouth.net*

NOTICE OF ELECTRICAL APPRENTICESHIP OPPORTUNITY

The Gainesville Electrical Joint Apprenticeship and Training Committee are accepting applications for the Apprenticeship daily Monday through Friday. Applicants must apply in person at 2420 NE 17th Terrace, Gainesville, FL 32609; between the hours of 9:00 a.m. to 4:00 p.m.

To meet minimum qualifications for apprenticeship, applicants must:

- a. Complete an application form.
- b. Be a minimum of 18 years of age.
- c. Provide a copy of your high school or GED or post high school education and training diploma. All GED records must be submitted if applicable.
- d. Provide an official transcript showing evidence of successful completion of: one full credit of high school algebra, or one post high school algebra course, or the NJATC Math Course.
- e. Possess a valid Driver's License.
- f. Provide a copy of your social security card.
- g. Veterans are required to provide a copy of their DD-214 to verify military training and/or experience.
- h. Must be physically able to perform the work of the electrical construction trade.
- i. At time of application, there is an application fee of \$25.00.
- j. Obtain a qualifying score using the electrical industry's aptitude test developed and validated by the American Institutes for Research.
- k. Individuals who can verify (proper documentation required) that they have worked a minimum of four-thousand (4,000) hours specifically in the electrical construction industry do not need to meet the requirements of items (c) and (d).

The employers pay 3% for NEBF (retirement) and \$4.78/hr. for health insurance coverage that covers the apprentice and their immediate family.

Applicants who meet all basic requirements will be interviewed by the JATC. The interviewers will consider: reliability, interest in the trade, attitude, judgment, cooperativeness, adaptability, as well as other desirable personal traits. Apprentices will be selected in order of their final ranking. These rankings are the results from the interviews. Applicants may be offered either the Traditional program or the Hybrid program.

The recruitment, selection, employment and training of apprentices during their apprenticeship, shall be without discrimination because of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older. The applicant must meet the minimum age requirement. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, as amended.

Additional information may be obtained through our website: www.gainesvillejatc.org



Gainesville Electrical Joint Apprenticeship and Training Committee



P.O. Box 5428 • Gainesville, Florida 32627 • Phone: (352) 376-8375 • Fax: (352) 371-0288
gainesvillejatc@bellsouth.net

EQUAL OPPORTUNITY IN APPRENTICESHIP TRAINING

The undersigned are committed to the following Equal Opportunity Pledge for apprenticeship positions in the Gainesville electrical apprenticeship program. The sponsors of the apprenticeship program are dedicated to this Equal Opportunity Pledge. The undersigned are resolved to the communication of this Equal Opportunity policy in such a manner as to foster understanding, acceptance and support among the industry's various officers, supervisors, employers and employees and encourages such persons to take all necessary action to aid the apprenticeship sponsor in preserving this commitment to equal opportunity. The spirit of equal opportunity will be carried forth in the uniform application of rules and regulations concerning apprentices including but not limited to, equality of wages, periodic advancement, promotion, assignment of work, job performance, rotation among work processes, imposition of penalties and other disciplinary action, and all other aspects of the apprenticeship program.

EQUAL OPPORTUNITY PLEDGE

The undersigned will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 40 years old or older.

The undersigned will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30, as amended.

Brandon Maxwell

JATC CHAIRMAN
P.O. BOX 5428
ADDRESS
GAINESVILLE FL 32627
CITY STATE ZIP

Samuel E. Paul

JATC SECRETARY
P.O. BOX 5428
ADDRESS
GAINESVILLE FL 32627
CITY STATE ZIP

Mr. [Signature]

LOCAL UNION BUSINESS MANAGER
2510 NW 6th STREET
ADDRESS
GAINESVILLE FL 32609
CITY STATE ZIP

[Signature]

CHAPTER MANAGER
4951-A RICHARD STREET
ADDRESS
JACKSONVILLE FL 32207
CITY STATE ZIP

IBEW Local Union 1205
Referral - Dispatch - Re-sign Procedure - Discharge for Cause

Directive issued by International President Edwin D. Hill

- Effective August 2019-

Re-Sign procedures effective August 2019

HOURS OF REFERRAL SIGN-IN AND DISPATCH

1. Referral sign-in shall take place during normal operating hours of the business office (Between 8:30a.m. and 4:30p.m. EST Monday through Friday)
2. Dispatch hours shall be listed on the job line, 352-376-7701, between 5:00p.m. and 8:00 a.m. EST as well as on the Local's website, www.ibew1205.org, under the DISPATCH tab.

Please Note:

The business manager must fill calls in a timely manner as needed by employers.

In an emergency, referral may have to be made outside normal hours by using whatever means available to fill calls and place registrants.

BOOK SIGN AND RE-SIGN PROCEDURES

1. Re-signs must be received in January and July during the week of the 10th-16th
 2. Book signs accepted from members in good standing with current dues receipt
 3. Local1205 members may re-sign by one of these four (4) methods:
 - **MAIL -2510 NW 6th Street, Gainesville, FL 32609**
 - **FAX- 352-376-9922**
 - **IN PERSON**
 - **ONLINE FORM – found on our website www.ibew1205.org**
 4. All Book 2 signs not done in person must be mailed or faxed from the traveling member's home local and include the following information:
 - **Full name**
 - **Address**
 - **Card number**
 - **Current Dues Receipt**
 - **Birth Date**
 - **Contact phone number**
 - **Social Security number**
 5. Individuals who accept a call and receive a referral but do not report to work or quit will not maintain their position on the books.
 6. Traveling members who accept a call and do not report to work have forfeited the option of having a fax or mailed sign from their hall and must maintain future Book 2 signs and re-signs in person.
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DISCHARGE FOR CAUSE

The following policy is also effective immediately:

Individuals who receive two (2) discharges for cause within a twelve (12) month period will be suspended from future referral privileges until they appear before the Appeals Committee for a determination as to their continued eligibility for referral.

This policy was enacted because of the negative image reflected on the entire brotherhood due to the continued unacceptable behavior exhibited by a few individuals.

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|-----------------------|--|
| (A) Mail: | IBEW L.U. 1205, 2510 NW 6th Street, Gainesville FL 32609 |
| (B) FAX: | 1-352-376-9922 |
| (C) Online: | Original Sign/Re-sign Form under the Book Procedures tab on website:
www.ibew1205.org |
| (D) In Person: | 2510 NW 6th Street, Gainesville FL 32609 |
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