



DISCIPLINE INCOME PROTECTION PROGRAM

Complete & mail to: SMART DIPP, 6060 Rockside Woods Blvd., Ste. 325, Independence, OH 44131 • fax (216) 227-5209

(Please fill out this form completely. Print with black ink)

Date _____

Name _____ Local _____

Address _____
(Number and street) (City)

(State) (ZIP) (Telephone number)

Social Security number (U.S.) _____

Birth date _____ Age _____ Email _____

Present occupation _____ Employer _____

Are you now a member of the SMART Transportation Division? _____ If not, when did you last belong? _____ Local? _____

Please give name of companies and daily benefits of other income protection in force or applied for:

(Name of company) (Effective date) \$ _____
(Daily benefit)

Is above coverage being cancelled? _____ If so, how many days of coverage? _____

Application for membership

I hereby make application for \$ _____ \$ _____
Daily benefit Monthly assessment Effective date

Application for increase or decrease in daily benefits

Present DIPP number _____

I hereby apply for an INCREASE or DECREASE in daily benefits from \$ _____ to \$ _____ per day

effective _____

NOTE:

An application will be effective on the first day of the month following the month in which it's received, except that any increase in the daily benefits will not be effective until the first day of the month following 90 days after the date that the application is received by the DIPP office.

OFFICE USE ONLY

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RIM CODE

NOTE

APPLICANT MUST SIGN APPLICATION ON REVERSE SIDE TO VALIDATE BEFORE APPLICATION CAN BE PROCESSED.

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DECLARATION AND AGREEMENT

I understand my membership will be in effect only if approved by the Administrator and the required assessment received at the SMART Transportation Division office. I understand the SMART Discipline/Income Protection Program ("Program") is a separate, voluntary program established and maintained by the SMART Transportation Division. If this application is approved, I agree to abide by the plan document for the Program as adopted or as may be hereafter amended by the Board of Trustees. I understand I will be eligible to receive benefits from the Program only while in good standing in the SMART Transportation Division and in the Program by payment of all required dues and assessments when due. I further understand the coverage applied for in this application will not cover disciplinary discharges or suspensions which took place before the approved effective date of this coverage whether such discipline was assessed before or after the effective date of this coverage. I agree that in the event my answer to any of the above questions is untrue or incomplete, my membership in the Program shall terminate and all benefits therein cancelled. I understand that participation in the Program is entirely voluntary and that my membership in the SMART Transportation Division shall not be affected by reason of discontinuance of membership in the Program. I understand that should my membership with the SMART Transportation Division be terminated, for any reason, my membership in the Program automatically terminates at the same time. I understand that, for purposes of determining my coverage period under the Program, my participation in the United Transportation Union Job Benefit Fund/Income Security Program will be considered to be participation in this Program.

I also understand and agree that I will not be eligible for any benefits or compensation whatsoever for discharge and/or suspension either permanently or temporarily where such penalty or method of discipline/decertification is based in whole or in part on the following:

Exceptions

1. Conduct endangering the life or livelihood of a fellow employee;
2. Unavailability for duty, sleeping on duty, missing calls;
3. Insubordination;
4. Misuse, theft, or destruction of property of the participant's employer;
5. Falsification of reports;
6. Failure to take or pass a required examination;
7. Failure to qualify for mandatory promotion;
8. Use, possession, or evidence of intoxicants or illegal drugs while on duty or subject to duty; or
9. Discipline due to criminal or civil court action;
10. An act or acts, or failure to act, which constitutes a violation of public policy; or
11. Involvement in altercations, verbal or physical.
12. If decertified, the failure to exercise seniority to its fullest that does not require a change in residence.

Have you been assessed any discipline within the last year? _____

If so, when? _____ How many days? _____

Witness _____ Member of Local _____

Date _____ Signature of applicant (in full) _____

Claims must be submitted within 90 days of the date of the letter of discipline.

DIPP schedule of maximum benefits

Monthly assessment	\$1.92	\$3.20	\$6.40	\$9.60	\$12.80	\$16.00	\$19.20	\$22.40	\$25.60	\$28.80
Maximum days for suspension/discharge	\$6 Daily	\$10 Daily	\$20 Daily	\$30 Daily	\$40 Daily	\$50 Daily	\$60 Daily	\$70 Daily	\$80 Daily	\$90 Daily
	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable
365	\$2,190	\$3,650	\$7,300	\$10,950	\$14,600	\$18,250	\$21,900	\$25,550	\$29,200	\$32,850
Monthly assessment	\$32.00	\$35.20	\$38.40	\$41.60	\$44.80	\$48.00	\$64.00	\$80.00	\$96.00	
Maximum days for suspension/discharge	\$100 Daily	\$110 Daily	\$120 Daily	\$130 Daily	\$140 Daily	\$150 Daily	\$200 Daily	\$250 Daily	\$300 Daily	
	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	Maximum Payable	
365	\$36,500	\$40,150	\$43,800	\$47,450	\$51,100	\$54,750	\$73,000	\$91,250	\$109,500	

CONTRIBUTIONS OR GIFTS TO THE SMART DISCIPLINE/INCOME PROTECTION PROGRAM ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL TAX PURPOSES.