

**WAIVER OF  
NON-BARGAINING UNIT EMPLOYEES  
PARTICIPATION AGREEMENT ONLY**

(DO NOT COMPLETE IF YOU WISH TO PARTICIPATE)

TO: BOARD OF TRUSTEES  
NECA-IBEW WELFARE TRUST FUND

This will acknowledge that I have read the NECA-IBEW Participation Agreement for Non-Bargaining Unit Employees and **CHOOSE NOT TO PROVIDE COVERAGE** for any Non-Bargaining Unit Employees of this organization with the NECA-IBEW Welfare Trust Fund.

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Employer Account Number

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Employer Federal Identification Number

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Employer Name

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Address

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City, State, Zip + 4 Code

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(Area Code) + Telephone Number

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Signature

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Title

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Date

Please return this completed form, within ten (10) working days to:

NECA-IBEW Welfare Trust Fund  
ATTENTION: Internal Control Department  
2120 Hubbard Avenue Decatur, IL 62526-2871

**(DOES NOT APPLY TO BARGAINING UNIT EMPLOYEES)**