



# New Hire Packet For IBEW 1920

# **Important Information For New Hire**

*Welcome to IBEW LU 1920*

1. Union Meetings are at the Eagle's Club 2<sup>nd</sup> Tuesday of every month. You will be required to attend a meeting to get sworn in and fill out a W-9 for the union.
2. Your health insurance will begin for you and your family the first month following your hire date (example if you hired 01-02-2023, your insurance will begin 02-01-2023).
3. Your dental and vision insurance will begin after 1 year.
4. As electricians we are eligible to get managed health care from United or Blue Cross Blue Shield which means that when you go to the doctor you have a fixed copay and a total out of pocket payment that changes per contract negotiations.
5. Make sure the railroad office upstairs has your name, address, and beneficiary information for your life insurance plan.
6. All vacation and jobs are bid by seniority.

7. New jobs go up for bid on Wednesdays' and the bids will come down the following Monday.
8. Vacation and jobs are all done on a computer system, when it comes time to bid vacation or job, ask any union officer for assistance.
9. If you are ever asked to talk with management for any discipline, never go alone. Always take an officer or fellow electrician with you and never sign any paperwork without union representation.
10. Overtime is dispersed off of a rotating board to keep the overtime fair for the members.
11. When breaking in on a job, make sure you check your time daily to be sure you are getting paid.
12. Union website is [IBEW1920.ORG](http://IBEW1920.ORG). You can sign up on the website for email updates from the union.







# Agreement Benefits Overview

Contact information for the various vendors and benefits for agreement employees.

Health and welfare benefits for employees who are represented by labor organizations are negotiated and can be changed only through collective bargaining. Non-negotiated plans or programs made available by the Company may be terminated or changed at the discretion of the Union Pacific. The respective separate collective bargaining agreements (CBA) determine which plan and benefits the agreement employee is eligible for.

## Plans

Under the respective CBA, employees may receive medical, prescription drug, and mental health and substance abuse benefits through one of the following plans:

- **The Railroad Employees National Health & Welfare Plan (National Plan)**
  - United Healthcare
  - High Mark BlueCross BlueShield
  - Aetna
  - Express Scripts
  - United Behavioral Health
- **National Railway Carriers and United Transportation Union Health & Welfare Plan (NRC/UTU Plan)**
  - United Healthcare
  - High Mark BlueCross BlueShield
  - Aetna
  - Express Scripts
  - United Behavioral Health

- **Iron Road Healthcare**

The following Plans and benefits apply to all agreement employees:

- **Aetna - Dental Plan**
- **EyeMed Vision Care - Vision Plan**
- **Metropolitan Life Insurance Co. (MetLife) - Life Insurance and Accidental Death & Dismemberment Insurance**

## Coverage

Agreement employees who have questions about which plan they are covered by should:

1. Ask the employing officer or supervisor to identify the proper medical coverage,
2. Call the number on the medical ID card received in the mail,
3. Contact Payroll Accounting Insurance Eligibility (402-544-4729), or
4. Contact the respective labor organization.

## **Dependent Coverage**

All eligible dependents of agreement employees receive health and welfare benefits through either the National Plan or NRC/UTU Plan. United Healthcare is the Administrator for both the National Plan and NRC/UTU Plan, and - handles all dependent enrollment and eligibility coverage. Dependents are also covered under the above Dental and Vision Plans. UPREHS does not provide any benefits for dependents.

## **New Hire Eligibility**

New hire eligible agreement employees become covered under the health and welfare plans on the first day of the calendar month after the month in which they first render the requisite amount of compensated service. Eligible dependents become covered on the same day as the employee. Enrollment information will be mailed to new hires within 4 to 6 weeks after date of hire. Benefit information can be found on the "Your Track to Health" website at [www.yourtracktohealth.com](http://www.yourtracktohealth.com).



## Medical Plan Providers

- [United Healthcare \(UHC\)](#) Phone: 1-800-842-9905  
Phone 1-800-753-2692 Enrollment Services
- [Aetna \(MMCP\)](#) Phone: 1-800-842-4044
- [Highmark Blue Cross Blue Shield \(BCBS\)](#) Phone: 1-866-267-3320
- [Summary Plan Descriptions Information for all National Health and Welfare Plans](#)
- [Iron Road Healthcare](#) Phone: 1-800-547-0421

## Mental Health And Substance Abuse Providers

- [United Behavioral Health](#) Phone: 1-866-850-6212

## Prescription Drug Providers

- [Express Scripts Prescription Drug Card Program](#) Phone: 1-800-842-0070
- [Express Scripts Mail Order Prescription Drug Program](#) Phone: 1-800-842-0070

## Dental Provider

- [Aetna Dental Plan](#) Phone: 1-877-277-3368

Note: Must have 1 year of service to be eligible

## Life Insurance Provider

- Metropolitan Life Insurance - National Health & Welfare Plan  
Phone: 1-800-310-7770
  - [To purchase an Optional Life & AD&D policy with MetLife](#)  
Group #0145757  
1-866-659-1377, Note: Must have 120 days of service to be eligible

## Vision Providers

- [EyeMed Vision Care](#) Phone: 1-855-212-6003

Note: Must have 1 year of service to be eligible

## Supplemental Sickness Plan Providers

- Trustmark – Yardmasters Phone: 1-800-504-9052
- [The Hartford](#) - BMW, Signal, Shopcrafts and ARASA Phone: 1-888-301-5615
- SMART-TD, BLET, TCU Please contact your union or visit your union website for more information regarding your Short-Term Disability benefits.

## Agreement Employees Retiree Medical Plan Provider

- [United Healthcare](#) Phone: 1-800-842-5252
- [Iron Road Healthcare](#) Phone: 1-800-547-0421

## Agreement 401(k) Retirement Plan

- [Vanguard](#) Note: Plan eligibility occurs following 1 year from original hire date. Additional information on your 401(k) plan is available in the Financial Planning section on Union Pacific's WR/Benefits page.  
1-800-523-1188

## Insurance Eligibility Questions

- Railroad Enrollment Services Phone: 1-402-544-4729

## National Employee Assistance Help Line

- [EAP](#) The EAP provides counseling and referral services for employees and their families who are experiencing personal or work-related problems.  
Phone: 1-800-779-1212

## Educational Assistance Program

- [View Policy](#) Union Pacific will reimburse the employee 100 percent of tuition only, up to a maximum of \$5,250 per calendar year (based on the end date of the course), less any grants, scholarships or other monetary assistance that does not require repayment. All reimbursable courses must be completed for college credit at an accredited school.

## Railroad Retirement Board (RRB)

- [RRB](#) Phone: 1-877-772-5772

Note: Contact your nearest RRB Office.  
Each state has one or more offices. Look in  
telephone book under "United States Government Offices.



# Family & Medical Leave Policy, including Active Duty Family Military Leave & Military Caregiver Leave, for Employees

(Revised October 2019)

## Purpose

This policy outlines conditions and procedures under which eligible employees may take limited periods of time off without pay for certain qualifying medical, family-related, and family-military related reasons. This policy is separate and apart from the Military Leave Policy, which applies to an employee's own active or reserve military service leave. The Military Leave Policy can be accessed [here](#).

## I. Scope & Eligibility for Agreement Professionals

The provisions of this policy apply to all eligible Union Pacific Railroad employees subject to collective bargaining agreements and to all absences designated as FMLA-related.

1.1. An employee is eligible for FMLA leave if he or she:

**(a) Has been employed for at least 12 months; and**

**(b) Has at least 1,250 hours of service during the 12-month period immediately preceding the start of leave.**

The 12 months of employment do not need to be consecutive. If an employee is maintained on the payroll for any part of a week, the week will count as a week of employment. For purposes of determining whether intermittent employment qualifies for meeting the 12-month period, 52 weeks is deemed equal to 12 months.

1.2. If an employee has accrued vacation or personal leave, he or she may elect, but will not be required, to substitute such paid time for all or any part of unpaid FMLA leave subject to terms of any applicable collective bargaining agreement. Accordingly, the employee will receive pay pursuant to Union Pacific's applicable paid leave policies and any governing collective bargaining agreement provisions during the period of otherwise unpaid FMLA leave. Therefore, any conditions or procedural requirements governing use of that accrued paid leave must be met in order for an employee to receive pay for FMLA leave.

1.3. An employee may choose (or may be required, depending on the employee's craft) to use paid leave concurrent with FMLA leave. In order to use paid leave for FMLA

leave, employees must comply with Union Pacific's normal paid leave policies and follow your department's procedures for requesting such paid leave.

## **II. Types of FMLA Leave & Duration**

Various forms of FMLA leave are identified as follows:

### **2.1. Basic and Active Duty Family Military Leave.**

FMLA leave of absence taken for family and/or medical reasons, including a qualifying family military event, is defined as an approved, unpaid absence available to eligible employees not to exceed 12 work weeks in a rolling calendar year. Leave may be taken for the following reasons:

- Upon the birth of the employee's child;
- Upon the placement of a child with the employee for adoption or foster care;
- When the employee is needed to care for his or her child, spouse, or parent who has a serious health condition;
- When the employee is unable to perform the essential functions of his or her position because of a serious health condition; or
- Because of any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is either (1) a member of the National Guard and/or Reserves and is on active duty (or has been notified of an impending call or order to active duty) in support of a national emergency, or a military action or operation outside the U.S. or (2) is a member of the regular Armed Forces who is or has been deployed to an assignment outside the U.S.

### **2.2. Military Caregiver Leave.**

An FMLA leave of absence taken as Military Caregiver Leave is defined as an approved, unpaid absence that may be taken to care for a spouse, son, daughter, parent, or next of kin who is either (1) a current member of the Armed Forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness incurred in the line of duty while on active duty or (2) a veteran who has left military service sometime within the previous five years, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness that the veteran incurred in the line of duty while on active duty, and that manifested itself before or after the service member became a veteran. Serious injury or illness is one that was incurred in the line of duty on active duty that may render him or her medically unfit to perform the duties of his or her office, grade, rank or rating.

Employees who are eligible for Military Caregiver Leave are entitled to a total of 26 work weeks of unpaid Military Caregiver Leave during a single 12-month period. This single 12-month period begins on the first day an eligible employee takes Military Caregiver Leave and ends 12 months after that date.

The leave described in Section 2.2 applies on a per-covered service member, per-injury basis. However, no more than 26 work weeks of leave may be taken within a single 12-month period by any employee. Even in circumstances where an employee takes other leave covered by the federal FMLA, including Active Duty Leave described in Section 2.1, the aggregate leave under this policy shall not exceed 26 work weeks during that 12-month period.

### **III. Definitions of "Serious Health Condition" & "Qualifying Exigency"**

As used above in Section II, "serious health condition," which relates to basic FMLA leave, and "qualifying exigency," which relates to Active Duty Family Military Leave, are defined as:

#### **3.1. Serious Health Condition.**

A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves:

**(a) Inpatient care in a hospital, hospice, or residential care facility; or**

**(b) Continuing treatment by a healthcare provider involving:**

i) A period of incapacity of more than three consecutive calendar days, and any subsequent treatment or period of incapacity, relating to the same condition that also involves:

- Treatment two or more times by a healthcare provider within 30 days of the start of the incapacity; or
- Treatment by a healthcare provider on at least one occasion within 7 days of the start of the incapacity that results in a regimen of continuing treatment under the supervision of a health care provider.

ii) Any period of incapacity due to pregnancy or for prenatal care;

iii) Any period of incapacity or treatment due to a chronic serious health condition that requires periodic visits of at least twice per year for treatment by a healthcare provider (this includes conditions that may cause episodic rather than a continuing period of incapacity);

iv) A period of incapacity that is permanent or long term due to a condition for which treatment may not be effective during which time the employee must be under the continuing supervision of, but need not be receiving active treatment by, a healthcare provider; and

v) Any period of absence to receive multiple treatments by a healthcare provider.

#### **3.2. Qualifying Exigency.**

Eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, son, daughter, or parent is being or has been deployed to a foreign country. Eligible employees may also take FMLA leave for a qualifying exigency if their family member is a member of the Reserve components of the Armed Forces and has been called to active duty in support of a contingency operation outside of the US, under a Federal call or order to active duty. State calls to active duty are not covered unless under order of the President of the United States

Deployment of the member with the Armed Forces to a foreign country means deployment to areas outside of the United States, the District of Columbia, or any Territory or possession of the United States, including international waters.

A “qualifying exigency” as used in connection with Active Duty Family Military Leave only refers to the following circumstances:

- (a) Short-notice deployment: To address issues arising when the notification of a call or order to active duty is seven (7) days or less;**
- (b) Military events and related activities: To attend official military events or family assistance programs or briefings;**
- (c) Childcare and school activities: For qualifying childcare and school-related reasons for a child, legal ward, or stepchild of a covered military member;**
- (d) Financial and legal arrangements: To make or update financial or legal affairs to address the absence of a covered military member;**
- (e) Counseling: To attend counseling provided by someone other than a healthcare provider for oneself, for the covered military member, or child, legal ward, or stepchild of the covered military member;**
- (f) Rest and recuperation: To spend up to five (5) days for each period in which a covered military member is on a short-term rest leave during a period of deployment; and**
- (g) Post-deployment activities: To attend official ceremonies or programs sponsored by the military for up to 90 days after a covered military member’s active duty terminates or to address issues arising from the death of a covered military member while on active duty.**

## **IV. Other Considerations**

4.1. Leave may be taken intermittently or on a reduced leave schedule when it is medically necessary and the employee is required to care for a family member with a serious health condition or the employee is taking FMLA leave for his or her own serious health condition. When it is physically impossible for an employee to return to work during a work assignment after the taking of intermittent FMLA leave, the entire amount of work missed will be counted against the employee’s FMLA leave entitlement.

4.2. Leave may be taken for the birth or placement of a child; leave cannot be taken on a reduced leave schedule or intermittent basis. Under such circumstances, leave must be taken in a single block of time and within one year of the qualifying event.

4.3. A husband and wife who are both employed by the Company are each entitled to 12 work weeks of FMLA leave for basic and family military leave.

4.4. A husband and wife who are both employed by the Company are entitled to a combined 26 work weeks of Military Caregiver Leave.

## V. FMLA Notice Requirements

Employees should provide maximum advance notice of their intentions to take FMLA leave to allow for the time necessary to reassign duties or otherwise fill the assignment.

As of Jan. 1, 2014 all requests for FMLA should be made through the eHealthSafe system. Applicable forms are made available through eHealthSafe during the request process. Review the Union Pacific [Family Medical Leave and Family Military Leave Act webpage](#) for instructions on how to request FMLA, print forms and documents and view applicable policies.

5.1. Employees must give 30-days advance notice of the need for FMLA leave when it is foreseeable for the birth or placement of a child, for planned medical treatment, or when leave is due to active duty of an immediate family member. All employees are required to comply with their department's or work group's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.

5.2. When 30-days advance notice is not possible, notice is required as soon as practicable.

5.3. When planning or scheduling medical treatment, an employee should consult with his or her supervisor and make reasonable efforts to schedule the leave so as not to unduly disrupt operations.

5.4. In the case of an intermittent or reduced leave schedule, the employee must provide the reasons why the taking of intermittent or reduced schedule leave is necessary and provide the schedule for treatment to allow an opportunity to reassign duties or otherwise fill the assignment.

5.5. When the approximate timing of the need for leave is not foreseeable, an employee must provide notice to Union Pacific as soon as practicable under the facts and circumstances of the particular case. It generally should be practicable for the employee to provide notice of leave that is unforeseeable within the time prescribed by the employee's department's or work group's usual and customary notice requirements applicable to such leave. Notice should be given either in person or by telephone when medical emergencies are involved and may be given by the employee's spouse or other family member if the employee is medically unable to provide notice.

5.6. If an employee fails to give 30-days notice for foreseeable leave and has no reasonable excuse for the delay, FMLA may be denied until adequate notice of the need is provided, and the leave may be delayed as a result of the inadequate or delayed notice.

5.7. Nothing herein changes the normal call-in procedures or requirements for requesting leave that have been established by the employee's department or workgroup absent unusual circumstances. Where an employee does not comply with the usual notice and procedural requirements, and no unusual circumstances justify the failure to comply, FMLA-protected leave may be delayed or denied.

## **VI. Conditions of Leave & Certification of Medical Need**

6.1. The reason for the leave must be covered under FMLA and the employee must provide the appropriate, completed FMLA Certification of Health Care Provider Form, which is made available during the eHealthSafe FMLA request process, supporting the need for the leave. A request for reasonable documentation of family relationship verifying the legitimacy of a FMLA Leave may also be required.

6.2. An employee will have fifteen (15) days in which to return a completed Certification Form. If the employee fails to provide timely certification after being required to do so, the employee may be denied the taking of the leave under FMLA. If the Certification Form is incomplete or insufficient, an employee will be given written notification of the information needed and will have seven (7) days after receiving such written notice to provide the necessary information.

6.3. If there is reason to doubt the validity of the medical certification, a second opinion, at the expense of the Company, related to the health condition may be required. If the original certification and the second opinion differ, a third opinion, at the expense of the Company, may be required. The opinion of the third healthcare provider, which the Company and the employee jointly select, will be the final and binding decision.

6.4. When the Company identifies information, such as a weekend pattern of FMLA usage, that casts doubt upon the employee's stated reason for the absences and there is no apparent medical reason for the timing of those absences along the pattern, and when the Company identifies an employee whose FMLA use is greater than the estimated frequency and duration certified by the employee's Health Care Provider, the Company may request recertification.

6.5. A request for Active Duty Leave must be supported by the Certification of Qualifying Exigency for Military Family Leave Form, as well as appropriate documentation, including the covered military member's active duty orders.

6.6. A request for Military Caregiver Leave must be supported by the Certification for Serious Injury or Illness of Covered Service Member Form, as well as any necessary supporting documentation.

6.7. All requests for FMLA should be made through the eHealthSafe system. Applicable forms are made available through eHealthSafe during the request process. Review the Union Pacific [Family Medical Leave and Family Military Leave Act webpage](#) for instructions on how to request FMLA, print forms and documents and view applicable policies.

## **VII. Maintenance of Benefits**

An employee's healthcare coverage will be maintained by the Company during FMLA absences to the same extent that coverage was provided prior to the leave.

7.1. Any portion of the health plan premiums that had been paid by the employee prior to FMLA leave must continue to be paid by the employee during the FMLA leave period and handled in the same manner as for other periods of unpaid leave.

7.2. When, at an employee's request, accrued vacation, personal days, or sick leave is taken concurrently with FMLA leave, the employee's share of healthcare premiums will be paid in the normal manner through payroll deductions.

7.3. Medical and dental benefits may be continued during an FMLA leave of absence by the employee making his/her applicable monthly contributions to UPRR to cover the cost of participation in the plan. If an employee's health insurance premium is more than 30 days late, UPRR will mail a written notice advising such employee that the payment has not been received. Fifteen days after the notice has been mailed, UPRR will discontinue the employee's health insurance benefits while on FMLA leave. Upon returning from leave, the employee will be reinstated on the same terms and conditions as prior to taking leave without having to fulfill any qualifying period or physical examination.

7.4. Except as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986, the Company's obligation to maintain health benefits under FMLA ceases if and when the employee (1) informs the Company of his or her intent not to return from leave; (2) fails to return from leave and thereby terminates employment; or (3) the employee exhausts his or her FMLA leave entitlement.

7.5. The Company may recover healthcare premiums from an employee who does not return to work after FMLA leave, unless the employee can show that the failure to return is due to the continuation, recurrence, or onset of an FMLA qualifying serious health condition or due to circumstances beyond the employee's control.

## **VIII. Reinstatement Rights**

8.1. For agreement professionals: Employees will return to service as provided for under applicable collective bargaining agreements.

8.1. For nonagreement professionals: In accordance with the Department of Labor recommendations, an employee eligible for family and medical leave will be restored to

his or her old position or to a position with equivalent pay, benefits or other terms and conditions of employment. The Company cannot guarantee that an employee will be returned to his or her original job.

8.2. An employee returning to service after FMLA leave has no greater right to reinstatement or to other benefits and conditions of employment than if he or she had been continuously employed during the FMLA leave.

8.3. Upon return from FMLA leave, an employee's benefits will be at the same level as before the leave began subject to any changes in benefit levels that may have taken place during the period of leave.

## **IX. Fraudulent FMLA Leave**

An employee who fraudulently obtains FMLA leave is not protected by the FMLA's job restoration or maintenance of healthcare benefits provisions.

In the event an employee's use of FMLA leave was for reasons other than its intended purpose, an employee may also be subject to discipline, up to and including termination of employment.

If the Company receives objective evidence that casts doubt on the validity of a medical certification or the employee's intent to use FMLA other than for its intended purpose, the Company reserves the right to investigate and pursue potential disciplinary action, up to and including termination of employment.

## **X. Failure to Return from Leave**

If an employee is unable to return to work following FMLA job protected leave, they must pursue other leave options available to them through the accommodations process or their collective bargaining agreement.

## **XI. State & Local Laws**

FMLA provisions do not supersede provisions of state or local law that provide greater family or medical leave rights.

## **XII. Changes in Policy and Authority**

The Company reserves the right to modify the terms of this policy where benefits extended exceed FMLA requirements.

The Company has the authority and responsibility to administer this leave policy, including deciding which absences from work will be charged as FMLA leave time. The Company has the discretionary authority to interpret this policy and to decide any issue not expressly addressed by it.

### **XIII. Miscellaneous**

The Company reserves the right to require any leave provided under this leave policy to be taken in a way that does not violate any other applicable law.

Nothing in the family medical leave policy insulates an employee from the application of any applicable collective bargaining agreement or other Company policies. For example, while on family medical leave an employee remains subject to all changes that occur in the Company's healthcare program and is subject to all other employment-related policies of general applicability.

### **XIV. Need Help?**

Employees requiring FMLA-related absences should contact their supervisor. The Company has the authority and responsibility to administer this leave policy, including deciding which absences from work will be charged as FMLA leave time. If you have questions regarding this information, please go to the [Union Pacific Family and Medical Leave webpage](#) on the UP Employees website and Submit a Ticket to Workforce Shared Services.

### **XV. U.S. Department of Labor Contact Information**

U.S. Department of Labor  
200 Constitution Ave., NW  
Washington, DC 20210  
1-866-4-USA-DOL

<https://www.dol.gov/general/topic/benefits-leave/fmla>



# Voluntary Benefits and Employee Discounts

The [Union Pacific Voluntary Benefits Marketplace](#), powered by BenefitHub, is available to all employees and interns. Visit the Marketplace to create an account (using your 7 digit employee ID and home mailing zip code), explore benefits offerings and enroll. If you require assistance, contact BenefitHub at 1-866-664-4621. The Marketplace provides access to voluntary benefits that leverage group purchasing power to provide discounted rates, streamlines the employee shopping and enrollment experience, and offers convenient premium payment options.

## Critical Illness and Hospital Indemnity Insurance

### Critical Illness Insurance

- Enroll in \$10,000, \$20,000 or \$30,000 of coverage
  - Spouse: 100% of your elected coverage
  - Child(ren): 50% of your elected coverage

### Hospital Indemnity Insurance

- Enroll in a high or low benefit plan for you and your family. Some of the benefits include:
  - First Day Hospital Confinement = \$600 or \$1,100
  - Daily Hospital Confinement = \$100
  - Daily ICU Confinement = \$200

**Annual Open Enrollment:** October 1 – October 31

**New Hire Enrollment:** New hires may enroll within 31 days of their hire date.

**Life Event:** Employees who are already enrolled and experience a qualifying life event have **31 Days** from the date of the event to report the event and update coverage elections.

### Learn More:

To learn more about how Critical Illness and Hospital Indemnity insurance can help protect your financial wellness:

- Review the benefit highlights and educational information on The Hartford Critical Illness and Hospital Indemnity tile of the [Union Pacific Voluntary Benefits Marketplace](#)
- View a recorded 25 minute [informational webinar](#) for Union Pacific employees presented by The Hartford. Below are answers to two takeaway questions from the webinar:
  - 1. What is the maximum age that an active eligible employee can be enrolled in the plans?**  
There is no age limitation.
  - 2. Will the plans be offered to retirees?**  
The plans are only offered to active eligible employees. Retirees will need to port their coverage.

## **Voluntary Benefit Offerings and Providers**

- **Auto Insurance:** Liberty Mutual, MetLife, Travelers, and participating retail carriers
- **Critical Illness Insurance:** The Hartford
- **Home/Renters Insurance:** Liberty Mutual, MetLife, Travelers, and participating retail carriers
- **Hospital Indemnity Insurance:** The Hartford
- **Pet Insurance:** ASPCA Pet Health Insurance
- **Identity Theft Protection:** IdentityForce

## **Financial Wellness**

The Marketplace also includes financial wellness educational materials and tools offered by Prudential. These resources are available on demand to all employees across the network. Certain functionality on the Financial Wellness Center will not work unless you use Microsoft Edge, Chrome or Safari. For your convenience you can copy and paste the following

URL: <https://unionpacific.benefithub.com/#CustomSectionV2/rnwgfsbr6yggw2ny?ref=home> to access the Financial Wellness Center.

*Financial wellness education and tools are offered free of charge by Prudential. Prudential may offer individual professional services or advice for a fee. Union Pacific does not endorse or promote use of these professional services. Fees incurred for the individual professional services or advice are the obligation of the employee. If you elect to utilize Prudential professional services you should exercise good judgment and prudently evaluate and understand the fees, scope and quality of services, professional expertise/experience and fiduciary obligations.*

## **Discount Offerings**

[Discount Offerings - Real Savings. Every Day.](#)

### **Employee Account**

Shop thousands of employee discounts on brands you love. Discounts are available through the Union Pacific Voluntary Benefits Marketplace portal as well as a mobile app.

### **Family and Retiree Account**

Members of employee households and Union Pacific retirees may register and use the employee discount program through the Union Pacific Family and Retiree discount portal as well as a mobile app.

### **Mobile App**

The BenefitHub Mobile application is offered for Android and Apple mobile devices through The Android Google Play Store and The Apple App Store. To use the BenefitHub Mobile App, you must first create an account using a desktop or laptop computer.



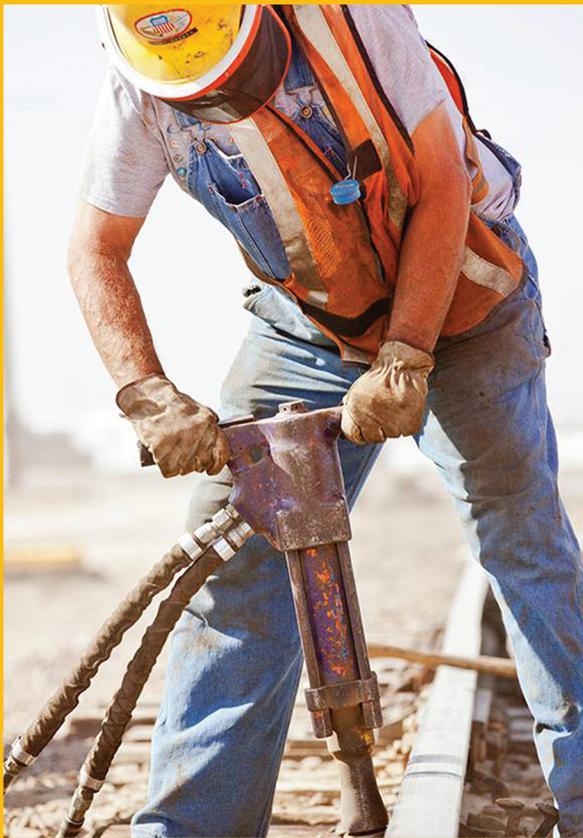
*Some vendor websites will be blocked when using UP network computers. Employees will need to use a personal computer or cell phone to access those discounts.*

## **Plan Disclosures**

[Critical Illness and Hospital Indemnity Plan](#): Plan description for cash benefit payable upon diagnosis of a covered condition of hospital confinement for covered illness or injury.

## **Support Resources**

- Create an Employee Account: To [create an account](#) you will need your 7 digit employee ID and home mailing zip code.
- Create a [Family or Retiree Account](#)
- BenefitHub FAQ: The [FAQ](#) answers many common user and employee discount questions
- Union Pacific Voluntary Benefit FAQ: The [FAQ](#) provides answers to many common voluntary benefit questions
- Support: For additional questions or support visit the [Union Pacific Voluntary Benefits Marketplace](#) for additional information or contact BenefitHub at 1-866-664-4621
- Personal Data Update: [Quick Reference Guide](#) to update your date of birth in the Critical Illness and Hospital Indemnity in the enrollment portal. This update will improve the claims experience and expedite payment of benefits and must be completed in October of 2021.



# AGREEMENT BENEFITS INFORMATION FOR NEW HIRES



Iron Road Healthcare (IRHC)  
Labor Relations  
Version Date: January 1, 2022

New hire kits will be mailed to you about one to three weeks after you begin working at Union Pacific. These kits will contain enrollment information for all benefit plans as well as paperwork to opt out of benefit coverage if desired.



**BUILDING AMERICA®**

# HEALTH CARE

Union Pacific is proud to offer our union employees a robust choice of benefits – ranging from health coverage and income protection to programs that enhance work and home life. Specific benefits will depend on your location and position as some union benefits are determined by collective bargaining agreements.

## Eligibility

You and your eligible dependents are eligible for medical and prescription drug coverage on the first day of the month following the first month you render the [requisite amount of compensated service](#)\*. Dental and vision benefits for you and your eligible dependents begin on the first day of the month following one year of service. You may enroll in the Health Care Flexible Spending Account during annual enrollment, effective the year after your hire date.

\* Generally, you must render the “requisite amount of compensated service” (one or seven compensated days, depending on your collective bargaining agreement) during each calendar month to keep your health coverage in effect for the following month. Compensated service is a day worked, a day of paid vacation, a day of paid personal leave, or a day of approved family medical leave.

## Medical

Under your collective bargaining agreement, as an employee, your medical and prescription drug benefits are with the Iron Road Healthcare (IRHC)\*. There will be a separate new hire kit for your IRHC benefits. Your eligible dependents’ benefits will be covered by either The Railroad Employees National Health and Welfare Plan or The National Railway Carriers and United Transportation Union Health and Welfare Plan (National Plan).

For your dependents in the National Plan, depending on your home ZIP code, you may have one or both of the following medical options:

- **Managed Medical Care Program (MMCP)** – This plan is available in all areas. You receive higher plan benefits when you use in-network providers. Depending on where you live, you may participate in the United Healthcare, Aetna, or Highmark BCBS network.
- **Comprehensive Health Care Benefit (CHCB)** – This plan is available in limited rural and other areas. You may choose to participate in the United Healthcare or Highmark BCBS network, if available in your area. While you may use network providers if available, plan benefits are the same in- and out-of-network.

\* IRHC is not a subsidiary of Union Pacific Railroad.

# MORE HEALTH CARE

## Prescription Drugs

Prescription drug coverage for your dependents in the National Plan is administered by Express Scripts. IRHC prescription drug coverage for you is administered by Depot Drug. Your cost is based on the type of drug you need.

	Dependents		Employee	
	National Plan		IRHC	
	Retail Co-pay <sup>1</sup> (up to a 21 day supply)	Mail Order Co-pay <sup>1,2</sup> (22- to 90-day supply)	Retail (Up to 30-Day Fill)	Mail Order (required for maintenance drugs)
Generic	\$10	\$10	\$15 (Tier 1) \$20 (Tier 2)	\$9 (Tier 1; 90 days) \$10 (Tier 2; up to 30 days)
Formulary Brand	\$30	\$60	\$40	\$20 (up to 30 days)
Non-Formulary Brand	\$60	\$120	\$100	\$75 (up to 30 days)

<sup>1</sup> All amounts are for eligible in-network prescriptions.

<sup>2</sup> Prescriptions for 22 days or longer must be filled through mail order.

## Dental

The Plan – provided through Aetna Dental – is best maximized when you use in-network providers.

	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>
Annual Deductible	\$50/individual; \$100/family	\$50/individual; \$100/family
Preventive Care	You pay \$0 after deductible.	You pay \$0 after deductible.
Basic Care	You pay 20% after deductible.	You pay 20% after deductible.
Crowns, Prosthetic Services	You pay 50% after deductible.	You pay 50% after deductible.
Annual Maximum Benefits for Preventive, Basic and Major Care <sup>3</sup>	\$1,500/person	\$1,500/person

<sup>1</sup> In-network providers are contractually obligated to charge discounted fees. This allows you to maximize your benefits and reduce your out-of-pocket expenses.

<sup>2</sup> Out-of-network benefits are subject to usual and customary fees. Non-participating providers charge their normal fees. You are responsible for any amount Aetna determines to be over the usual and customary charge.

<sup>3</sup> Maximum amount shown does not include amounts determined by Aetna to be over the usual and customary charge.

## Vision

The Plan – provided through EyeMed – pays 100% of charges for one exam per year with an in-network provider, and provides an allowance for glasses or contacts every two calendar years.

## Health Care Flexible Spending Account (HCFSA)

The HCFSA lets you set aside up to \$2,750<sup>1</sup> per year of before-tax contributions from your paycheck to pay for eligible health expenses on a tax-advantaged basis. Estimate carefully, as you must incur expenses for your entire balance by March 15 of the following plan year or you lose any funds for which a reimbursable expense has not been incurred and submitted in a timely fashion (IRS rules). New hire employees can enroll in the HCFSA plan during the October open enrollment period for the following plan year.

<sup>1</sup> Amount effective for the 2021 calendar year and is subject to change in accordance with Federal law.

## Employee Cost Sharing

Your contribution to your non-HCFSA benefits is \$228.89 per month whether you are single, married, or have dependents. Generally, this will automatically be deducted from your second paycheck of the month.

# WELLNESS

Multiple wellness programs are available to you on your first day of work.

## Health Screenings and Flu Shots

UP offers confidential screenings for blood pressure, cholesterol, and other important health indicators – as well as flu shots in the fall – on site at many locations.



## Fitness Discounts

UP contracts with more than 5,000 fitness facilities systemwide. See the UP employee website, and search Fitness Centers.

## 24/7 Nurses & Health Specialists

All National Plan providers offer nurse lines to answer your health questions, including helping you decide whether to seek immediate care and if so, through what resource: your doctor, an urgent care center, or the emergency room. This service is available 24/7/365, and there is no cost to you. See the [ythh.com](http://ythh.com) website and go to Contact Us, Nurse Support or call the number on the back of the ID card. *(National Plan only)*



## Employee Assistance Program (EAP)

While people usually can manage personal problems on their own, occasional help from a skilled professional can provide focus, direction, and support. UP's Employee Assistance Program (EAP) is designed to provide that help. EAP provides referral services for employees and their families experiencing personal or work-related problems. For more information, type "EAP" in the UP employee website search box or call the National Employee Assistance help line at (800) 779-1212.



## Wellness Assessments

These confidential online questionnaires help you assess your health and find areas for improvement. Employees can access an assessment through the UP employee website. Employees and spouses can access an assessment through the [ythh.com](http://ythh.com) website. *(National Plan only)*



## Online Health Coaching

Confidential and personalized assistance for specific wellness issues including:

- Cholesterol
- Blood pressure
- Diabetes
- Tobacco cessation
- Physical activity
- Weight management

See the [ythh.com](http://ythh.com) website – Explore Your Benefits. Click on each medical plan administrator to see what they offer. *(National Plan only)*



# INCOME PROTECTION

You are eligible for Life and Accidental Death and Dismemberment (AD&D) coverage on the first day of the month following the first month you render the **requisite amount of compensated service\***.

\* Generally, you must render the “requisite amount of compensated service” (one or seven compensated days, depending on your collective bargaining agreement) during each calendar month to keep your coverage in effect for the following month. Compensated service is a day worked, a day of paid vacation, a day of paid personal leave, or a day of approved family medical leave.

## Life and AD&D Insurance

You receive employee Life Insurance equal to \$20,000 and employee Accidental Death & Disability (AD&D) Insurance of up to \$16,000. This coverage is provided by MetLife.

## Voluntary Life and AD&D Insurance

UP also provides employees with the opportunity to purchase Voluntary Life and AD&D Insurance for themselves and eligible dependents after 120 days of continuous service. You can apply online through MetLife’s MyBenefits website ([www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)), or you can mail in the enrollment form that will be sent to you. Be sure to act during the enrollment period, which ends 60 days from your benefits eligibility date (your benefits eligibility date begins the first day of the month following 120 days of continuous service). For more information, call MetLife at (866) 659-1377.

## Supplemental Sickness Benefit

The Supplemental Sickness Benefit (SSB) plan provides benefits for a disability or a prolonged illness that supplement Railroad Retirement Board sickness benefits.

Supplemental Sickness benefit eligibility depends on your union affiliation.

# RETIREMENT & WEALTH

UP is committed to helping you prepare for financial security now and in retirement.

## UP Agreement 401(k) Thrift Plan

While Railroad Retirement will be a major source of your retirement income, it might not be enough to support the retirement you and your family want. Consider saving in the UP Agreement 401(k) Plan. You are eligible to participate beginning the first day of the month following completion of one year of service.

Here's how it works:

- Subject to IRS limits, you may contribute from 1% to 75% of eligible pay on a before-tax and/or Roth basis each pay period. You can also contribute from 1% to 75% of your eligible pay on an after-tax basis (subject to IRS limits), but your combined before-tax, Roth, and after-tax contributions cannot exceed 75% of your eligible pay for any pay period.
- You are always 100% vested in your contributions.
- Generally, the plan accepts direct transfers of rollovers from a previous employer's retirement plan.

## Railroad Retirement Benefits

Railroad Retirement Board (RRB) retirement benefits are provided instead of Social Security after 60 months of compensated service in the railroad industry. You and UP make RRB contributions that are greater than those for Social Security, which in turn provides retirement income benefits that exceed Social Security benefits.

The employee has 12.55% withheld from each paycheck:

- - 1.45% on all taxable earnings (Medicare)<sup>1</sup>, the same as Social Security.
- 6.20% on up to \$147,000 of taxable earnings (Tier I RR Retirement), the same as Social Security.
- 4.90% on up to \$109,200 of taxable earnings (Tier II RR Retirement), Social Security has no Tier II equivalent.

The company pays an additional 20.75%:

- - 1.45% on all taxable earnings (Medicare).
- 6.20% on up to \$147,000 of taxable earnings (Tier I RR Retirement).
- 13.10% on up to \$109,200 of taxable earnings (Tier II RR Retirement).

Note: If you leave UP employment and do not meet the 60-month Basic Service Requirement for Tier II benefits, the RRB does not refund your Tier II contributions. All Tier I contributions from you and UP will roll over to Social Security. Railroad Retirement benefits are administered by the RRB, a government agency. For more information, visit [rrb.gov](http://rrb.gov).

<sup>1</sup> An additional 0.9% tax will be withheld from taxable earnings over \$200,000.

This information effective for the 2022 calendar year. Rates and amounts can change yearly.

## Employee Stock Purchase Plan

All employees the opportunity to become owners in the Company with our Employee Stock Purchase Plan (ESPP). Each month, ESPP participants will receive a 40% Company match of up to 5% of their base compensation. In other words, participants will receive 40 cents for each dollar they contribute, up to the first 5% of their compensation each pay period. UNP share purchases will be made on the 10th of the month following the payroll period(s) where the contributions are taken out. Shares must be held for one year from the purchase date before selling. To enroll, visit [www.etrade.com/activate](http://www.etrade.com/activate) or by calling E\*TRADE at (800) 838-0908.

# QUALITY OF LIFE & CAREER FULFILLMENT

Your benefits include paid vacation, holidays, and other valuable programs.

## Vacation and Holidays

Your vacation and holidays are determined by your collective bargaining agreement.

## Educational Assistance Program

Union Pacific offers an Educational Assistance Program to encourage growth and development of employees' skills, abilities, and knowledge. It assists employees in obtaining academic training on a vocational and college level. You are eligible for this program after six months continuous service. See the UP employee website, Workforce Resources page, Career Resources.

## Other Valuable Benefits

- Employee discounts
- Matching gifts program
- Transportation spending account
- Employee Resource Groups (ERGs)

See the UP employee website for more information.

## Agreement Benefit Contacts

Please go to the UP employee website. Under the Departments heading, navigate to Labor Relations, and find the Agreement Benefit/Health Plan Informational/Updates section.

## ytth.com Website

Your online source for the most current information about your family's health and welfare benefits. Use this website for annual open enrollment, to access vendor websites (including finding doctors and facilities), watch videos and read articles about health-related topics as well as your benefits, and securely access and manage your family's health and welfare benefits information (registration and login required).

## ironroadhealthcare.com Website

For IRHC members, your online source for information about your health and welfare benefits. Use this website to find doctors and facilities, read articles about health-related topics as well as your benefits, and securely access and manage your health and welfare benefits information (registration and login required).

This is a brief description of benefits provided to UP agreement employees participating in the NRC/UTU and National Health and Welfare plans, the IRHC plan, and other benefit plans. Benefit plans are governed by the terms of more detailed plan documents, contracts, and bargaining agreements. Your participation in any plans or programs is subject to the applicable eligibility rules, plan requirements, and government regulations. Details of the benefits plans or programs are included in the official plan documents, contracts, and bargaining agreements. Any inconsistency of fact between the information in this summary and the actual plan documents, contracts, and bargaining agreements is accidental, and the official plan documents, contracts, and bargaining agreements govern. UP reserves the right to change or terminate the programs and plans it sponsors, and / or any provisions of any such program or plan, at any time without notice.



# Restricted Prescription Drugs



BUILDING AMERICA®

This applies to employees in safety related positions including: Operating field employees, Supply field employees, Telecom employees, and train dispatchers. If applicable, employees should contact their doctor to discuss whether you are currently taking a drug on UP's list of restricted prescription drugs; your safety-related job duties; a plan to discontinue restricted drugs (if applicable); and safer alternatives as recommended by your physician. During this conversation, employees are encouraged to also ask about the combination of all other prescription medications, over-the-counter medications, supplements, and herbal remedies used to ensure employees are reporting to work safely.

## OPIOID AND SYNTHETIC OPIOID DRUGS

All drugs in this class are restricted except where noted.

### LONG ACTING OPIOIDS

Generic Name	Brand Examples
Buprenorphine . . . . .	Buprenex, Butrans, Suboxone, Subutex
Butorphanol . . . . .	Stadol
Fentanyl . . . . .	Abstral, Actiq, Fentora, Duragesic, Lazanda, Onsolis, Sublimaze
Hydrocodone (extended release) . . . . .	Hysingla ER, Roxicodone, OxyIR, Zohydro ER
Hydromorphone . . . . .	Dilaudid, Palladone
Meperidine . . . . .	Demerol
Methadone . . . . .	Dolophine, Methadose
Morphine . . . . .	Astramorph, Avinza, Duramorph Infumorph, Kadian, MS Contin, MSIR, Oramorph, Roxanol
Nalbuphine . . . . .	Nubain
Oxycodone (extended release) . . . . .	OxyContin, Dazidox, Oxecta, Oxyfast, OxyIR, Percolone, Roxicodone, Roxicodone Intensol, Tarqiniq
Oxymorphone . . . . .	Opana
Pentazocine . . . . .	Talwin NX
Tapentadol . . . . .	Nucynta
Tramadol . . . . .	ConZip, Rybix, Ryzolt, Ultram

### EXCEPTIONS: SHORT ACTING OPIOIDS

Cannot work until 12 hours after last dose.

Generic Name	Brand Examples
Codeine . . . . .	Tylenol with codeine no. 3, Empirin no. 4
Dihydrocodeine . . . . .	Panlor DC, Synalgos DC, Zerlor
Hydrocodone . . . . .	Vicodin, Hysingla, Zohydro
Oxycodone . . . . .	Combunox, Endocet, Endodan, Endocodone, Percocet, Percodan, Roxicet, Roxiprin, Tylox



## BENZODIAZEPINE DRUGS

All drugs in this class are restricted.

Generic Name	Brand Examples
Alprazolam . . . . .	Xanax
Clonazepam . . . . .	Klonopin
Clorazepate . . . . .	Tranxene
Diazepam . . . . .	Valium
Lorazepam . . . . .	Ativan
Midazolam . . . . .	Versed
Oxazepam . . . . .	Serax
Temazepam . . . . .	Restoril
Triazolam . . . . .	Halcion

## BARBITURATE DRUGS

All drugs in this class are restricted.

Generic Name	Brand Examples
Amobarbital . . . . .	Generic versions
Butobarbital . . . . .	Generic versions
Butalbital . . . . .	Esgic, Fioricet, Fiorinal, Phrenilin
Pentobarbital . . . . .	Nembutal
Phenobarbital . . . . .	Generic versions
Secobarbital . . . . .	Seconal

## MUSCLE RELAXANT DRUGS

The restricted drug is **carisoprodol (brand name Soma)**.

## HYPNOTIC DRUGS

The restricted drugs are **eszopiclone (brand name Lunesta)** and **zolpidem tartrate extended release (brand name Ambien CR)**.

## VARENICLINE

The restricted drug is **varenicline (brand name Chantix)**.

Safety is Union Pacific's Number One Priority! Employees with questions after speaking with their doctor may contact Fitness-for-Duty at FFD@up.com or 1-877-275-8747, option 2, 2, 4.



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## **OFFICERS**

**PRESIDENT - COS BARRON (308) 530-4443 1<sup>st</sup>**

**VICE PRESIDENT – NICK PATTERSON (308) 340-4975 3<sup>rd</sup>**

**RECORDING SECRETARY - LARRY MARQUETTE (308) 520-0842 1<sup>st</sup>**

**FINANCIAL SECRETARY – JON GAEDKE (308) 530-6294 1<sup>st</sup>**

**TREASURER – JOSH WELDEN (308) 660-4148 1<sup>st</sup>**

## **APPOINTED POSITIONS**

**LOCAL CHAIRMAN - MIKE GAGE (308) 340-7295 1<sup>st</sup>**

### **ASSISTANT LOCAL CHAIRMAN**

**CHRIS SCOTT - (308) 529-1073 2<sup>nd</sup>**

**RANDY GILLAND - (308) 520-2224 (ON DUTY CONTACT)**

**DAVE SANFORD – (308) 539-5377 3<sup>rd</sup> (ON DUTY CONTACT)**

### **WEB AND SOCIAL MEDIA**

**JON GAEDKE - (308) 530-6294**

**IF ANY QUESTIONS SHOULD ARISE, PLEASE  
TAKE THE TIME TO CONTACT ANY LOCAL  
REPRESENTATIVE LISTED ABOVE.**

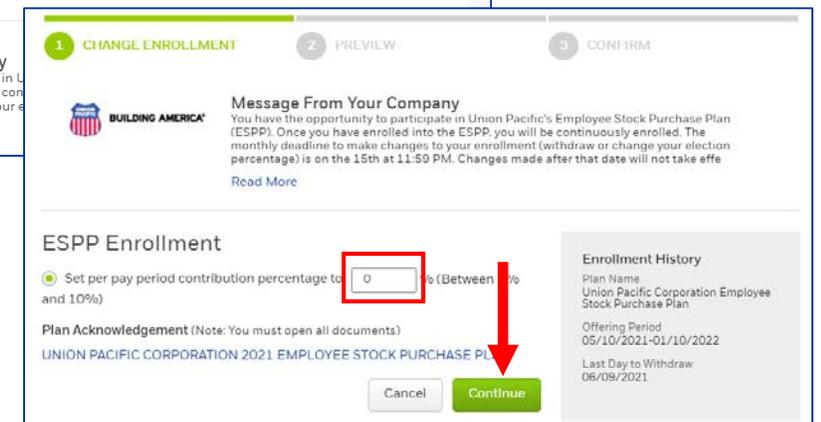
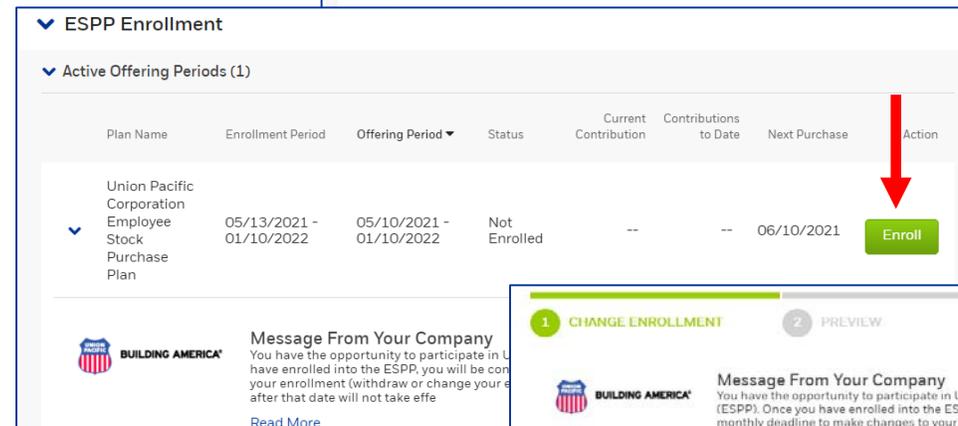
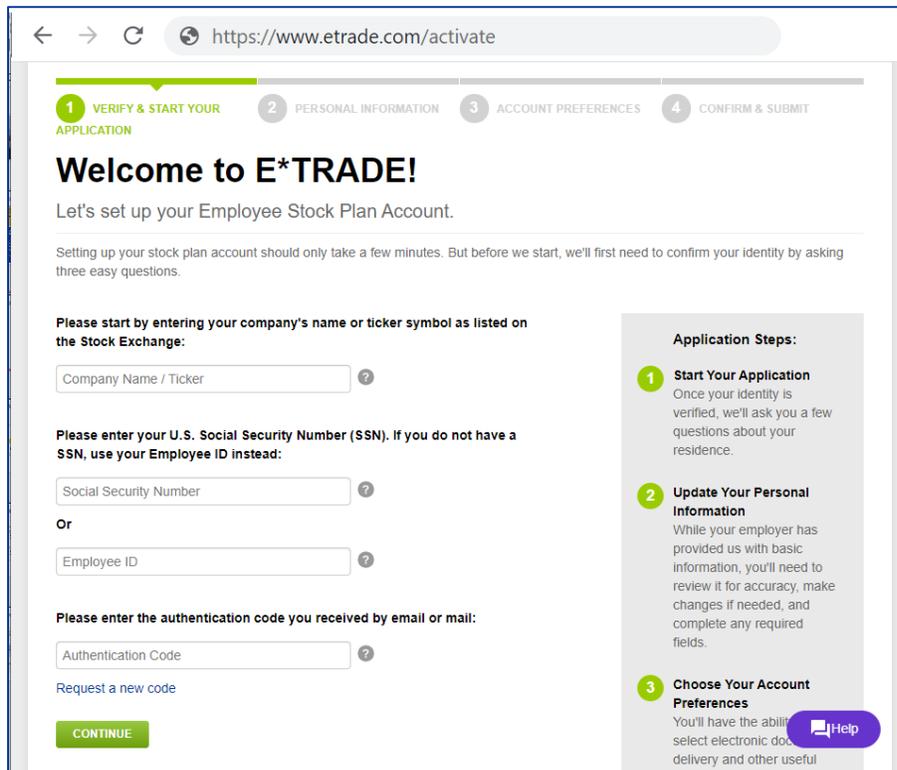
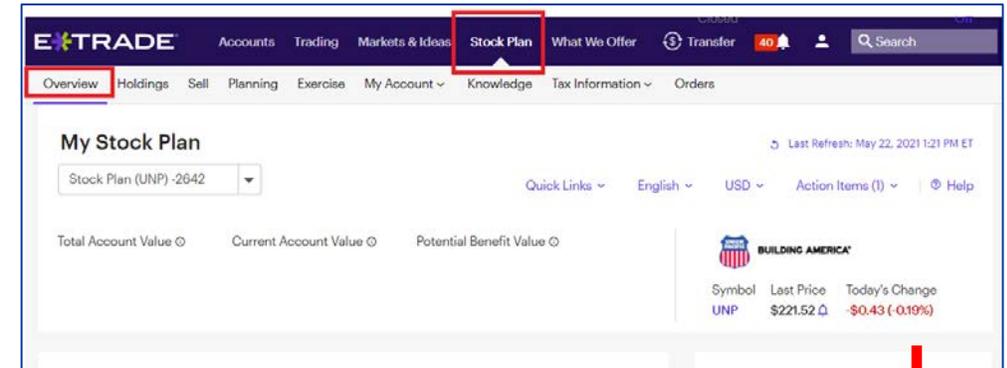
MGR/SR. SUPV. STAFF	EXT	CELL PHONE	HOME PHONE	MGR/SR. SUPV. STAFF	EXT	CELL PHONE	HOME PHONE
BARGELL, JONATHAN	Middle Desk 4681	(308) 636-8984		SWARTZ, JEREMY		(720) 982-5142	
BARTON, BEN		(315) 771-3560		TATMAN, CHRIS		(308) 539-0126	
BIBBY, WILLIAM		(630) 664-7867		THOMPSON, MARK D.	WRT 4309	(308) 530-2321	
BIRGE, ROBERT		(308) 289-0998		TOLLE, CHRIS		(308) 636-6477	
BROUILLETTE, MATT		(308) 530-7249		TOMJACK, ADAM L. (Sr. Mgr.)	SE Desk 4629	(308) 520-8144	
CHADWICK, RICHARD		(308) 231-0966		TRIDLE, GREG	535-4587	(308) 520-8276	
COLE, JAROD (Sr. Mgr.)	535-4402	(402) 630-1527		TROBAUGH, SEAN		(308) 529-5226	
COOK, MIKE C. (DIR Systm)	535-4275	(308) 530-0736	532-3338	WALCHESKY, WAYLON (Sr. Mgr.)		(916) 235-0292	
CRUZAN, JIM		(308) 520-1755		WERLINGER, FAYE C.	535-4393	(308) 636-6292	
ERICKSON, LARRY		(402) 658-9390		WERLINGER, MICHAEL		(308) 636-6370	
FOLCHERT, JOHN		(308) 520-5192		WEST, MIKE		(402) 651-3273	
FUSS, TERRY		(308) 520-9823		WHITNEY, NEIL	535-4281	(308) 520-4073	
GARTNER, TRAVIS		(308) 660-0303		WINCHELL, JOHN		(308) 650-5004	
GATT, JOHN		(224) 575-1752		WRIGHT, MATT		(308) 520-3721	
HAGERT, DAVID		(308) 520-8527		<b>SHOP</b>		<b>EXT</b>	<b>CELL PHONE</b>
HANSEN, ERIC		(308) 636-6470		BAY AREA	535-4857		
HARGROVE, SHAWN	Corner Desk 4642	(870) 329-7057		CONFERENCE RM - SR. MGR.	535-4273		
HOPKINSON, DAVID		(308) 532-9281		CONFERENCE RM - JISHUKEN	535-4616		
HOWE, JOSHUA S. (Sr. Mgr.)	535-4287	(308) 520-9600		DIESEL SHOP - BAY	535-4857		
JOHNSON, LUKE		(308) 636-6453		DROP PIT	535-4628		
KALLHOFF, BRYCE	West Desk 4360	(308) 520-8435		INSPECTION LINE	535-4621		
KELSEY, WILLIAM J.	535-4629	(308) 530-2043		IBOB/LIGHT REPAIR ELEC.	535-4624		
KURZ, STEVEN		(308) 650-1903		LIGHT REPAIR MECH.	535-4620		
LIPINSKI, BRIAN		(402) 536-9660		LIGHT REPAIR LEAD	535-4291		
LOGSDON, DARIN		(308) 520-7248		MAINTENANCE	535-4440		
LUHRING, MARK		(308) 520-4776		MATERIAL PLANNER	535-4361		
MCDANIEL, FOSTER		(816) 534-5782		N. WHEEL TRUE	535-4663		
MYERS, JEFFERY L.	Corner Desk 4642	(562) 279-4393	(530) 305-9133	PAGING SYSTEM - SHOP	535-6006		
NELSON, NICOLE		(402) 881-9735		RAMP #4 & #5 (EAST)	535-4699		
NOLDA, LUIS		(308) 636-6406		RAMP #7 & #8	535-4707		
PRIETO, ADOLFO		(970) 640-6585		S. WHEEL TRUE	535-4625		
PULLEN, MARTY		(308) 520-3460		SHOP PLANNER	535-4780	(308) 520-6659	
RICHTER, ANDY		(308) 386-8742		TOOL ROOM	535-4356		
ROTERT, JACOB		(308) 386-8536		WEST SHOP	535-4477		
RUSSELL, CRAIG		(308) 660-2514		<b>OCC HEALTH NURSES</b>		<b>EXT</b>	<b>CELL PHONE</b>
SCHIPPORREIT, BRYANT		(402) 322-0027			535-4594		
SERRANO, JIMMY		(308) 520-1821		HUBBARD, SUE		(402) 271-3583	
SHEPHERD, TRAVIS		(308) 520-9288		<b>SAFETY</b>		<b>EXT</b>	<b>CELL PHONE</b>
SIMPSON, LANE		(308) 530-7142		RESPONSE MGMT COMM. CTR. (RMCC)	888-877-7267	(888-UPRR-COP)	(ENVIR. SPILLS)
SLAGHT, JOSH		(308) 530-5144		<b>DRUG TESTING</b>		<b>EXT</b>	<b>CELL PHONE</b>
<b>WABTEC</b>		<b>EXT</b>	<b>CELL PHONE</b>	<b>HOME PHONE</b>	MIDLANDS		(402) 983-9590
FLETCHER, CODY		(308) 252-2130		<b>RISK MANAGEMENT</b>		<b>EXT</b>	<b>CELL PHONE</b>
HEROUT, MIKE		(308) 660-3477		DE BRUHL, ALISON	8-329-5103	(402) 686-0154	
ROHRBOUCK, JEFF		(308) 660-7462		MORRELL, MICHAEL L. (Analyst)	535-4284	(308) 530-0313	
SHURIGAR, JIM		(303) 810-3029		STAROSTKA, MATTHEW R. (Sr. Analyst)	535-4339	(308) 530-4962	
TONKINSON, JIM		(308) 520-9977		<b>SUPPLY DEPT.</b>		<b>EXT</b>	<b>CELL PHONE</b>
TENT - GE		(308) 636-6411		BRIDGE, RANDY A. (Sr. Mgr.)	535-4365	(541) 720-1081	
<b>WEST SHOP</b>		<b>EXT</b>	<b>CELL PHONE</b>	CONFERENCE ROOM	535-4689		
WEST SHOP FOREMAN	535-4477	(308) 367-7782		DELIVERY OFFICE	535-4448		
WEST SHOP LEAD MAN	535-4222			EAST RUN THRU	535-4703		
<b>LOCAL CHAIRMEN</b>		<b>EXT</b>	<b>CELL PHONE</b>	<b>HOME PHONE</b>	HARVEY, TINA M.	535-4633	
ARASA -		(308) 520-4190		RIP TRACK	535-4230	(308) 530-8514	
BLMKR - FAUST, BOB	535-4546			SHIPPING OFFICE	535-4311/4307		
ELECT - NORTON, BOBBY A.	535-4630	(308) 530-8312		SPRAGUE, TRENT (Mat'l Supv.)	535-4301	(308) 520-4009	
F&O - WOOD, ARLYN		(308) 520-8736		SUPPLY FAX	535-4202		
MACH - COX, JOSHUA	535-4495	(308) 530-4994		UPS RECEIVING DESK	535-4586		
				WAREHOUSE CELL		(308) 530-8518	
<b>SERVICE TRACK</b>		<b>EXT</b>	<b>CELL PHONE</b>	<b>FAX NUMBERS</b>		<b>EXT</b>	
DIESEL TOWER	535-4246/4341			BCC	535-4205		
INB COMPUTER SUPV.	535-4454			DIESEL TOWER	535-4355		
INB TURN/OVER SUPV.	535-4360			EASTBOUND	535-4581		
LUNCH ROOM	535-4248/4641			MID PLAINS VOC-TECH.	535-4325		
OUTBOUND SUPERVISOR	535-4209			PURPLE PALACE	535-4627		
PAGING SYSTEM - SERVICE TRACK	535-6004			RISK MANAGEMENT	535-4213		
PIT #5 & #6	535-4785			SERVICE TRACK	535-4434		
WORK SCOPE SUPV/RELIABILITY (East Desk)	535-4589			SHOP	535-4449		
<b>RUN THRUS</b>		<b>EXT</b>	<b>CELL PHONE</b>	WESTBOUND	535-4457		
COAL TRN - EAST	535-4533/4931			<b>HOTLINES</b>		<b>EXT</b>	
COAL TRN - WEST	535-4692	(308) 530-4314		EMPLOYEE ASSISTANCE	(866) 897-8501		
IN/OUTBOUND SUPERVISOR	535-4686			PEER SUPPORT	(866) 828-4673		
LUNCH ROOM	535-4790			PRESIDENT SAFETY	(888) 860-5511		
PAGING SYSTEM - EBRT	535-6001			RESPONSE MGMT COMM. CTR. (RMCC)	(888) 877-7267	(888-UPRR-COP)	(ENVIR. SPILLS)
PAGING SYSTEM - WBRT	535-6002			SERVICE TRACK/TOWER EMERGENCY	535-4575		
PIT / WCTT	535-4789 / 4692			SHOP EMERGENCY	535-4201		
<b>CONTRACTORS/VENDORS</b>		<b>EXT</b>	<b>CELL PHONE</b>	SPECIAL AGENT - POLICE (T. McKeeman)	535-4554	(308) 530-6863	
Velocity Fuel Truck	Bob	(308) 650-1212		<b>TRAINING</b>		<b>EXT</b>	<b>CELL PHONE</b>
EMD	535-4367/4718			HART, ANDREW J. (Elec. CTI)	535-4687		
<b>ADMIN. SUPPORT</b>		<b>EXT</b>	<b>CELL PHONE</b>	MOORE, DAVID H. (NCF&O Instruct)	535-4220	(720) 312-0500	
CUMMING, CRISTI	535-4300	(308) 530-4837		STOETZEL, TIM G. (Mach. CTI)	535-4346		
GARTRELL, MISTY R.	535-4612	(308) 530-0601					

# HOW TO ENROLL Employee Stock Purchase Plan

# STOCKUP

If you have not set up your account with ETRADE, go to [www.etrade.com/activate](http://www.etrade.com/activate) to create your account.

If you already have an E\*TRADE Stock Plan account, log in at [www.etrade.com](http://www.etrade.com) and click the Stock Plan tab, then click "Enroll" under your Action Items.



Once you have enrolled in the ESPP, you will be continuously enrolled. You do not need to make a monthly or annual enrollment election. If you wish to suspend contributions from the plan, make changes to your payroll contribution percentage, or enroll in the plan in the future, the deadline is on the 15<sup>th</sup> of each month at 11:59 PM. Call E\*TRADE's customer service at (800) 838-0908 with questions.





# IBEW® The right choice!

## What additional benefits does a “BA” member gain by becoming an “A” member in the IBEW?

1. **Normal Pension** - An “A” member of the I.B.E.W. in continuous good standing with 5 or more years immediately preceding his application, who is at least 65, shall receive pension benefits for life from the Pension Benefit Fund (PBF) at the rate of \$4.50/month for each full year of continuous “A” membership.
2. **Optional Early Retirement Pension** - An “A” member of the I.B.E.W. in continuous good standing with 20 or more years immediately preceding his application, who is at least 62, may elect to receive reduced pension benefits at retirement for life from the PBF, the rate of \$4.50/month for each full year of continuous “A” membership, reduced by 6-2/3% for each year or part thereof the said “A” member was under 65.
3. **Disability Pension** - An “A” member of the I.B.E.W. who is totally disabled and has continuous good standing of 20 or more years immediately preceding his application shall receive disability pension benefits at the rate of \$4.50/month for each full year of continuous “A” membership.
4. **Death Benefit** - Named beneficiaries of "A" members receive a \$6,250 death benefit if death occurs by natural causes or \$12,500 for those who die by accident. "A" member's beneficiary receives death benefit after only 6 months contribution.

## Are there additional costs for “A” membership?

Yes. As of January 1, 2023 “A” members pay an additional \$21.00/month in dues (increases to \$23.00 on 1/1/2025). However, the additional cost will pay for itself quickly after retirement. For example, with 20 years of continuous “A” membership at retirement age of 65, it will take just under 5 years to match your total contributions to the fund during your years as an active "A" member.

**20 years “A” member contribution: 240 months x \$21/month = \$5,040**

**5 years retired “A” member benefit = 20 years x \$4.50 x 60 months = \$5,400**

All benefits received after this breakeven point is pure profit. You'll be hard pressed to find this kind of guaranteed return on investment anywhere else.

**Become an “A” member today!**



TRUST FOR THE  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS'  
PENSION BENEFIT FUND

900 Seventh Street, NW • Washington, DC 20001 • 202.833.7000

Edwin D. Hill  
Trustee

Sam J. Chilia  
Trustee

**ATTENTION**

**"A" MEMBERS, LOCAL UNIONS AND BENEFIT FUND OFFICES**

Effective August 1, 2008, all IBEW Pension Benefit Fund (PBF) Beneficiary Forms (Form 124) will be scanned and filed electronically at the International Office. Due to these changes, photocopies of the form will no longer be accepted. The form should be completed online and printed for member's signature. However, if member is unable to complete the form online, they must use black ink and print legibly. Members must have at least 6 months or more "A" membership to qualify for a death benefit.

**If the form submitted is not legible, or is not an original document obtained from our website, it will not be accepted.**

**"A" MEMBERS MAY NOT NEED TO COMPLETE THE FORM. PLEASE READ THE FOLLOWING INFORMATION.**

Article XI of the IBEW Constitution states that your death benefit is automatically payable to the following individual(s) if no other beneficiary is designated.

- Member's spouse, or if none;
- Member's children in equal shares, or if none;
- Member's parents in equal shares, or if none;
- Member's estate

**"A" MEMBERS ONLY NEED TO COMPLETE THE FORM IF THEY ARE GOING TO NAME SOMEONE AS BENEFICIARY OTHER THAN THE INDIVIDUAL(S) LISTED ABOVE.**

Please follow the guidelines below when completing the beneficiary form:

- Member must name at least one primary beneficiary before selecting any contingent beneficiaries.
- Each form must be signed and dated by the member **only**, even in cases of those appointed Power of Attorney (POA), or Guardian/Conservator.
- A local union official or notary must witness the signature of member, sign, date, and stamp/seal designated space.

It is the *responsibility* of the member to make necessary changes to their beneficiary designations due to life events, e.g. marriage, divorce, death, etc. If member wishes to change the beneficiary elected, he/she must complete a new beneficiary designation form (Form 124).





# Application for Membership USA

Form No. 107 Rev 05/20

[PLEASE PRINT OR TYPE FULL NAME]

FIRST NAME

M.I.

- MR
- MS
- MRS

- JR  III
- SR  IV
- II  V

LAST NAME

ADDRESS (STREET & NUMBER)

CITY

STATE

ZIP CODE+4

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy)

DATE OF HIRE (mm/dd/yyyy)

SOCIAL SECURITY NO. (Last four only)

TELEPHONE NO.

PRESENT EMPLOYER

CLASSIFICATION

**INDUSTRY WHERE YOU ARE EMPLOYED**

- RAILROAD
- GOVERNMENT
- INSIDE CONSTRUCTION & MAINTENANCE
- OUTSIDE CONSTRUCTION & MAINTENANCE
- UTILITY
- TELECOMMUNICATIONS
- BROADCASTING
- MANUFACTURING
- OTHER

**HOW DID YOU BECOME AN I.B.E.W.® MEMBER?[SELECT ONE]**

- I WAS ORGANIZED
- I WAS ORGANIZED AS AN APPRENTICE
- I WAS SELECTED FOR AN APPRENTICESHIP
- I AM A NEW HIRE
- OTHER

\* Gender  MALE  FEMALE

\* RACE AND ETHNICITY

- WHITE  NATIVE AMERICAN/INDIGENOUS
- BLACK  NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
- ASIAN
- LATINO
- TWO OR MORE RACES

Are you a Veteran of the Armed Forces?

Yes  No

REGISTERED VOTER?

Yes  No

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.® ?

YES  NO LOCAL UNION STATE

IF SO, WHERE?

\*Submission of this information is voluntary and will be kept confidential. The particular categories of gender, race, and ethnicity collected are those sought by applicable federal laws under which certain local unions must report such information on an aggregate and summary basis to the federal government. If you choose not to self-identify, the federal government may require this information to be determined by visual survey and/or other available information.



### OBLIGATION OF I.B.E.W.®

"I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers®, promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes for which the I.B.E.W.® is instituted. I will bear true allegiance to it and will not sacrifice its interest in any manner."

LOCAL UNION APPLICATION DATE(mm/dd/yyyy)

TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT \*

THIS PORTION TO BE FILLED OUT BY L.U. FINANCIAL SECRETARY

CARD NUMBER

INITIATION DATE(mm/dd/yyyy)

INITIATION FEE PAID

\* TYPE OF MEMBERSHIP  "A"  "BA"

PAID \$2.00 PENSION ADM. FEE?  Yes  No

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
<b>or</b>								
<b>Employer identification number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Name

---

Address

---

City

---

State

---

Zip

---

Phone Number

---

**\*Return To Griever**