



WAITING PERIODS FOR COVERAGE

Employer Acknowledgement

Employer Name

Employer Code

Employer Address - Street

Employer Address – City, State, Zip

On behalf of the above noted employer, I acknowledge that, effective October 1, 2014, the employer does not impose an orientation period of more than one month or waiting period longer than 90 calendar days for purposes of coverage under the National IAM Benefit Trust Fund.

Employer Representative Signature

Date Signed

Employer Representative Name

Employer Representative Title

Email Address

Phone Number