

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO.130

Suite 300 3200 Ridgelake Dr. Metairie, LA 70002 (504) 831-1372 Fax: (504) 834-1410 www.ibewlu130.com

Ernest "Corky" Cortez President/Organizer

Paul J. Zulli Business Manager/ Financial Secretary November 2022

Brothers and Sisters,

At the Union Meeting on October 13<sup>th</sup>, the members voted to allocate the \$1.20 pay increase accordingly: \$0.50 cents to the Inside Wage, \$0.50 cents increase to our Annuity, and \$0.20 cents to our Local Pension. The new wage rate will be \$32.75 per hour, Annuity rate \$5.00 per hour, new Local Pension rate \$2.08 per hour. **The increase will take effect on December 5, 2022**.

I have received correspondence from International President, Lonnie Stephenson regarding our Local 130 ByLaws changes. The language was approved and updated in Article XII, Section 2 through 6, as requested (Life Insurance.) The request to amend Article X, Section 6(a) was denied because if does not conform to IBEW policies and pattern guidelines. If you'd like a copy of the new Bylaws, please come to hall for a copy or contact Kelly in the office to receive a copy via e-mail.

Per the IBEW, "effective January 1, 2023, there will be an increase on monthly membership dues. An increase of two dollars (\$2.00) for the per capita, an additional increase of two dollars (\$2.00) for the I.O. Pension Benefit Fund (PBF)." Please note the I.O., pension moving forward will increase to \$5.50 for every year of membership service.

As a reminder, at the Union Meeting that was held on August 11<sup>th</sup>, members voted for a new **Life Insurance Benefit (L.I.B.)** effective, January 1<sup>st</sup>, 2023, Dues will increase by four dollars (\$4.00). The details of the Life Insurance Benefit are as followed:

- Only active "A" members are eligible for L.I.B.
- Normal death for active "A" members payout is \$10,000.
- Accidental death for active "A" members payout is \$20,000.
- All members have the right to name a beneficiary.

Enclosed with this newsletter, you'll find a beneficiary designation form for the L.I.B. Please complete and return to the hall as soon as possible. If you do not return the beneficiary form the L.I.B. will be paid in the following order:

- 1. Spouse
- 2. Children
- 3. Parents
- 4. Estate

Membership dues are due on the 1<sup>st</sup> of each month, if your membership dues are not received by close of business on the 15<sup>th</sup> day of the month your beneficiary will be ineligible to receive payment from your Life Insurance Benefit.

Dues increase, effective 01/01/2023:

Journeyman Wireman, BK3-JW, CE-1, CE-2, CE-3: \$54.00 per month

Apprentice, Construction Wireman: \$51.50 per month



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Paul J. Zulli Business Manager/ Financial Secretary Please adjust your payment accordingly. We have notified Victor in the Credit Union to make changes to your deductions. Also, Local 130 will make changes to your credit/debit autopay. Should you have any questions or concerns, please contact Stacey.

Good news for those members working out of town! The Board of Trustees of the New Orleans Retirement Fund has agreed at their last board meeting to have reciprocal contributions coming into the Pension Plan over a certain amount to be diverted to the Annuity accounts of everyone of these contributions. Once the details are worked out, more information will be available.

Re-sign shall be required monthly beginning on the 10th and ending on the 16th of each month. Re-sign may be accomplished by fax (504-834-1410), in person, or email <a href="mailto:butch@ibewlu130.com">butch@ibewlu130.com</a>. Fail to re-sign, you will be dropped from the list.

I am happy to report that the Local 130 Membership Picnic was a great a success. Thank you to all that came to make it such a great day of brotherhood. Great food and drinks were served: hot dogs, hamburgers, pastalaya, and fried catfish. There was also a bounce house and snowball machine available for children. Prizes were given out with the grand prize of a 55-inch T.V., won by Sister Sandy Theriot. We all owe a debt of gratitude to our volunteers: Frank Accardo, David Boynes, Tommy Chestnut, Corky Cortez, David Crumb, Jules Giavotella, Devan Johnson, Tim Moran, Isabel Salathe, Rickie Salathe, John Swiger, Rodney Wallis. If you were not able to make it this year, you will have the opportunity to attend next year, outings like this brings everyone together for a fun day.

I'd like to thank our 1<sup>st</sup> year apprentices, John-Paul Ramsey and Richard Allen for volunteering in assembling political candidate signs for this past general election held on November 8<sup>th</sup>.

Lastly, I would like to announce that Sister Sandy Theriot former Apprenticeship Director has officially retired. As a 40-year member, Sandy has held different positions in the local such as: Recording Secretary, Steward, Apprenticeship Director, and she has done an excellent job in each position. Thank you, Sandy, for your dedication to Local 130. Good luck in the future and enjoy your retirement!

As the holiday season approaches, the hall will be closed on November 24<sup>th</sup>-25<sup>th</sup> in observance of Thanksgiving. In addition, the hall will be closed on December 26<sup>th</sup> in observance of Christmas, and January 2, 2023, in observance of New Year's Day.

On behalf of the entire staff of Local 130, we wish you all a Happy Thanksgiving, Merry Christmas, and a Happy New Year! Please observe and enjoy the Season safely and thoroughly.

In Brotherhood,

Paul

# **Sun Life Assurance Company of Canada**



Beneficiary Designation

You may use this form to designate who will receive the Group Life Insurance proceeds in the event of your death. The designations you make on this form replace any prior beneficiary designations.

When applicable, designations apply to any Basic, Optional, Voluntary, Accidental Death and Dismemberment ("AD&D"), or other Group Life Insurance you have under the Group Policy shown in Section 1.

See Page 3 of this form for sample beneficiary designations and more information.

## 1 Employee and employer information

Name of employee (first, middle initial, last)		Social Se	Social Security number	
Name of employer	Group po	licy number	Billing group number	

### 2 Beneficiary designation

For primary beneficiaries, indicate who should receive the group life or AD&D insurance proceeds in the event of your death.

For secondary, (also known as contingent) beneficiaries, indicate who should receive the group life insurance proceeds in the event that ALL of your primary beneficiaries are not living at the time of your death.

Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

#### Primary Beneficiary(ies)

Percent share of proceeds\*

			or proceeds
1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
3 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
4 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
			],

# 2 Beneficiary designation, continued

## Secondary Beneficiary(ies)

Percent share of proceeds\*

			of proceeds
1 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
2 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
3 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	
4 Name (First, M.I., Last)	Relationship to employee	Social Security number	%
Address	Phone number	Date of birth	

<sup>\*</sup> The total within each class (Primary and Secondary) must equal 100%.

# 3 Signature

You must sign and date this form for your designation to become effective. Make a copy for your records and return the signed original to your employer.

Name of employee (first, middle initial, last)	Date

2 of 3

## 4 Beneficiary wording alternatives

Proposed Beneficiary(ies)

Suggested Wording

1.	Estate	Estate
2.	One beneficiary	Martha Doe, wife
3.	More than one beneficiary in equal shares	Jane Doe, Mary Doe and Richard Doe, children, or survivor(s) of them, in equal shares.
4.	Two beneficiaries, in succession	Primary: Martha Doe, wife; Secondary: Richard Doe, son. (Richard will only receive proceeds if Martha Doe is not living at the time of the employee's death.)
5.	One beneficiary followed by two beneficiaries in equal shares	Primary: Martha Doe, wife; Secondary: Jane Doe and Mary Doe, children in equal shares, or the survivor of them. (Jane and Mary will only receive proceeds if Martha Doe is not living at the time of the employee's death.)
6.	More than one Beneficiary in equal shares per descendent order	Jane Doe, Mary Doe and Richard Doe, or the survivor(s) of them, in equal shares. However, if any of my children predecease me and leave issue who survive me, the issue of the deceased child will receive their parents' share in equal shares.
7.	One or more minor children	John Smith, as custodian for Jane Doe, a minor, under the Uniform Transfers to Minors Act (UTMA) so that proceeds can be paid before the child reaches the age of maturity.
8.	To a church or non-profit organization	Name and address of the beneficiary organization.
9.	Beneficiaries shown in percentages	John Smith, brother - 40%, or in the event of his death, to my estate; Alan Smith, brother 60%, or in the event of his death, to my estate.
10.	Trust under Last Will and Testament	Proceeds to be paid to the Trustee under my Last Will and Testament.
11.	Existing Trust	Jane Doe, Trustee of the Doe Family Trust, dated 1/1/2001.

**Please Note:** You cannot name your Employer as a beneficiary for Group Life Insurance proceeds under the Group Policy. Unless you specifically instruct otherwise, your beneficiary designation will be revocable.

Dependent Life Insurance benefits are payable to the Employee. If the Employee does not survive the Dependent, Dependent Life Insurance benefits will be paid to the Employee's estate.

Sun Life Assurance Company of Canada is not a tax or legal advisor and the above information is provided as general information only. Before making beneficiary designations, you may want to consult with your tax or legal advisor.

#### Contact us



www.sunlife.com/us



Customer Service 800-247-6875 M-F 8:00 a.m. - 8:00 p.m., ET

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