

January 26, 2018

Dear Member/Participant:

The I.U.O.E. Local 94, 94A, 94B, AFL-CIO (“Union”) and the Affiliated Funds (“Funds”) will be rolling out the IUOE Local 94 Member Portal (“Portal”) in the first quarter of 2018. In the initial stages of the rollout, the Portal will allow members and participants the ability to view their basic demographic information, as well as access their Sick Fund information, including review their current balances, past contributions, and recent disbursements. In time, the Portal will be expanded to provide you with access to various other information and benefits materials.

In order to access the Portal, you must have a **personal e-mail account** on file with the Union and Funds. Your personal e-mail account will serve as your log-in and will be the e-mail address that is used to communicate with you regarding the Portal. Your personal e-mail account can be provided on the enclosed *Contact Information Form*.

In addition, in the first quarter of 2018, the Union and Funds will be implementing a text message program to provide the latest news and updates to members and participants. Please note that the text message program is provided as a service by the Union and the Funds to give you important information in a timely manner. Your information will not be disclosed, sold or distributed, or in any other way shared with entities outside of the Union and the Funds.

Before the Union and the Funds can send text messages to your mobile phone, you must provide express written consent. Once you provide express consent, you will receive communications from the selected entities via text messages to the mobile phone number you provide. Your authorization will remain in effect during the time that you are a member of the Union or a participant in the Funds or until revoked by you. You may revoke your consent at any time by mailing written notice to I.U.O.E. Local 94, 94A, 94B AFL-CIO and Affiliated Funds, 331-337 West 44th Street, NY, NY 10036, by e-mailing notice to vanessahenriquez@local94.com, by telephone at (212) 331-1800, or in any other reasonable manner.

Enclosed please find a *Contact Information Form* that must be completed to access the Portal and/or to authorize the Union and/or each of the separate Funds to send you text messages. You agree to provide a valid mobile number for the text messaging services and, if for any reason your mobile phone changes, you must update your phone number with the Union and the Funds.

As the live implementation of both projects gets closer, you will receive additional communication regarding the live dates.

Thank you,

I.U.O.E. Local Union No. 94, 94A, 94B AFL-CIO and Affiliated Funds

CONTACT INFORMATION FORM

International Union of Operating Engineers Local Union No. 94, 94A, 94B AFL-CIO and the
International Union of Operating Engineers Local 94, 94A, 94B AFL-CIO Affiliated Funds
331-337 West 44th Street, New York, New York 10036
Phone (212) 331-1800 • Fax (212) 245-7886

ALL FIELDS must be completed and the form must be signed with an effective date, otherwise this form will not be accepted. This authorization can be returned by mail or fax.

MEMBER INFORMATION (Please print clearly)

LAST NAME	FIRST NAME	M.I.	
/ /			
SOCIAL SECURITY #	AND/OR	UNION REGISTER #	DATE OF BIRTH

CONTACT INFORMATION (Please print clearly)

ADDRESS:			
STREET (INCLUDE APT. #)	CITY	STATE	ZIP CODE
PHONE NUMBERS-INCLUDE AREA CODE FOR ALL NUMBERS:			
HOME NUMBER <input type="checkbox"/> Not Available	MOBILE NUMBER* <input type="checkbox"/> Not Available	WORK NUMBER <input type="checkbox"/> Not Available	
E-MAIL ADDRESS(ES)			
PERSONAL E-MAIL** <input type="checkbox"/> Not Available	WORK E-MAIL <input type="checkbox"/> Not Available		

TEXT MESSAGE AUTHORIZATION

Do you consent to receive text messages from:

- | | |
|--|--|
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO (Union)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO Annuity Fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO Health and Benefit Fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO Training Fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A Scholarship Fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B Political Action Committee | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* By signing this form, you represent that you are the mobile phone subscriber or customary user with respect to the mobile phone number provided and that you have the authority to provide consent. If you consent to receiving text messages from any of the above entities, you will receive text messages at the mobile phone number provided above. You understand that if your mobile phone number changes, you must inform the Union and the Funds. You agree to indemnify, defend and hold the Union and the Funds harmless from and against any and all claims, losses, liability, cost and expenses (including reasonable attorneys' fee) arising from your provision of a mobile phone number that is not your own. Please note that depending on your mobile service plan, message and data rates may be assessed by your mobile provider.

** This email will be used to communicate with you regarding the IUOE Local 94 Member Portal.

By acknowledging and signing this consent form, you are granting permission to the above selected entities (I.U.O.E. Local 94, 94A, 94B AFL-CIO, the I.U.O.E. Local 94, 94A, 94B AFL-CIO Annuity Fund, Health and Benefit Fund, Training Fund, Scholarship Fund, and/or Political Action Committee) to contact you on the mobile phone number listed above. Additionally, by completing this form, I understand the information in this form will be effective as of the date indicated and replace the information currently on file with the I.U.O.E. Local 94, 94A, 94B AFL-CIO (Union), the I.U.O.E. Local 94, 94A, 94B AFL-CIO Annuity Fund, Health and Benefit Fund, Training Fund, Scholarship Fund, and Political Action Committee.

MEMBER/PARTICIPANT SIGNATURE: _____ EFFECTIVE DATE: _____