2026 – IATSE LOCAL 728 RETIREE STATUS CLASSIFICATION

DATE: _____

I, _____, hereby request an

IATSE 728 Retiree Status Classification with IATSE Local 728 to be issued in the

_____ Quarter _____.
Number **Year**

Please select your Retiree Status classification below:

☐ Retiree 728 Premium - **$244.00** payable annually on or before January 1st. Life insurance benefit of $20,000.00.

☐ Active Retiree - **$1,380.00 for 2026 in full or $345.00/quarter** (January 1st, April 1st, July 1st, October 1st. Life insurance benefit of $20,000.00 + $20,000.00 Accidental Death or Dismemberment.

January 1st of each year I agree to pay to IATSE Local 728 the yearly dues rate for Local 728 Retiree's as determined by the Executive Board and approved by Membership of Local 728.

In addition, if I plan to work during retirement, I understand that I will be responsible for paying the difference between Active and Retiree dues for the quarter in which I wish to work.

Name: _____

Address: _____

_____

Social Security (last four): _____ **MPI Retirement Date: _____**

Telephone: _____

Email address: _____

Signature: _____