

**WAIVER OF  
NON-BARGAINING UNIT EMPLOYEES  
PARTICIPATION AGREEMENT ONLY**

(DO NOT COMPLETE IF YOU WISH TO PARTICIPATE)

TO: BOARD OF TRUSTEES  
NECA-IBEW PENSION TRUST FUND

This will acknowledge that I have read the NECA-IBEW Participation Agreement for Non-Bargaining Unit Employees and **CHOOSE NOT TO PROVIDE COVERAGE** for any Non-Bargaining Unit Employees of this organization with the NECA-IBEW Pension Trust Fund.

---

Employer Account Number

---

Employer Federal Identification Number

---

Employer Name

---

Address

---

City, State, Zip + 4 Code

---

(Area Code) + Telephone Number

---

Signature

---

Title

---

Date

Please return this completed form, within ten (10) working days to:

NECA-IBEW Pension Trust Fund  
ATTENTION: Internal Control Department  
2120 Hubbard Avenue Decatur, IL 62526-2871

**(DOES NOT APPLY TO BARGAINING UNIT EMPLOYEES)**