

**OPTION TRANSFER FORM**

**This form is to be used by active DCO members of either 100% or non-100% locals.**

Office Hours Monday – Friday  
8:00 am – 4:00 pm est

AMERICAN POSTAL WORKERS  
ACCIDENT BENEFIT ASSOCIATION  
Post Office Box 120  
Rochester, NH 03866  
(603) 330-0282

YOUR NON-PROFIT  
BENEFIT PLAN

I, being a member of the Accident Benefit Association hereby wish to request that my Value Plan be increased to the Advantage Plan at the cost of \$1.34 per pay period, which will be deducted from my paycheck.

Member's Name		Social Security Number	
Street Address			
City		State	Zip Code
APWU Local			
Member's Signature		Date	

**SPOUSE OPTION TRANSFER FORM**  
(Spouse must be a Value Plan member)

I, being a member of the Accident Benefit Association hereby wish to request that my spouse's Value Plan be increased to the Advantage Plan at the cost of \$1.34 per pay period, which will be deducted from my paycheck. **(The Spouse Option Transfer Form is not an application to add a spouse to the Accident Benefit Association. The Spouse Option Transfer form is to increase active spouses to the Advantage Plan.)**

Member's Name		Social Security Number	
Spouse's Name		Spouse's Social Security Number	
Member's Signature		Date	