RI-399 – MONETARY PAYMENT APPEAL FORM

NAME: _____________________________________________________
ADDRESS: ___________________________________________________
CITY, STATE, ZIP ______________________________________________
PHONE: _____________________________________________________
EIN NUMBER: ________________________________________________
FACILITY NAME: ______________________________________________
FINANCE NUMBER: ____________________________________________

Check the appropriate box:

☐ I did not receive any payment and I believe I should be eligible

☐ I received a payment, but did not receive the proper number of shares

Explain why you believe you are eligible for the payment or why you believe you did not receive the proper number of shares.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Attach additional sheet(s) if necessary.

This form must be received at the address below no later than Friday, January 17, 2020.

Submit the completed form to: National Postal Mail Handlers Union
Attn: RI-399 Monetary Payment Appeals
815 16th Street NW, Suite 5100
Washington DC 20006

Attach any supporting documentation you deem appropriate to support your appeal.