

## 2025 – 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 - \$232.00 payable annually on or before January 1<sup>st</sup>. Life insurance benefit of \$20,000.00.
- Active Retiree - \$1,320.00 for 2025 in full or \$330.00/quarter (January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, October 1<sup>st</sup>. Life insurance benefit of \$20,000.00 + \$20,000.00 Accidental Death or Dismemberment.

January 1<sup>st</sup> 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: \_\_\_\_\_