

**TABCO SICK LEAVE BANK ENROLLMENT FORM**

*I wish to enroll in the TABCO Sick Leave Bank:*

Name (Please print) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_\_ Social Security # \_\_\_\_\_  YES  NO  
**TABCO Member?**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*To join the TABCO Sick Leave Bank, complete this enrollment form and return to the TABCO office via US mail. The open enrollment period is from July 1 through September 30 each year. Enrollments must be received by September 30 at 5:00 p.m. or postmarked no later than September 30. In the event September 30 falls on a weekend, applications will be accepted until 5:00 p.m. on the first business day, or if they are postmarked no later than the first business day following September 30.*



**Membership Application for TABCO, MSEA/NEA**

2019-20

PLEASE PRINT

FIRST NAME	MIDDLE INITIAL	HOME PHONE	LAST NAME	BIRTH DATE	ETHNICITY	GENDER M/F
SS # (-XXXX)	BCPS EMPLOYEE ID #	CELL PHONE	CITY	HOME EMAIL ADDRESS	STATE & ZIP CODE	
HOME ADDRESS	APT. #	SUBJECT	HIRE DATE	WORK EMAIL ADDRESS		

SCHOOL OR WORKSITE \_\_\_\_\_ POSITION \_\_\_\_\_

CHECK YOUR SALARY LEVEL and PERCENTAGE EMPLOYED (for dues computation):  
 MORE THAN \$44,656 (max dues \$35.95)  MORE THAN 50%  
 \$22,328 to \$44,656 (max dues \$29.31)  LESS THAN 50%  
 LESS THAN \$22,328 (max dues \$24.33)

Dues payments are not deductible as charitable contributions for Federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction. Subscriptions to MSEA ActionLine and NEA publications are included in the cost of membership dues.

HOW WOULD YOU LIKE TO RECEIVE YOUR MSEA ACTIONLINE MAGAZINE?  PRINT  DIGITAL (email)

**MEMBERSHIP COMMITMENT AND ANNUAL PAYMENT AUTHORIZATION**

Membership Commitment: Yes  - I want to join with my fellow employees and become a member of TABCO, MSEA and NEA. I hereby request and voluntarily accept membership in these associations and agree to abide by the Constitution and Bylaws of all three associations.

Annual Payment Authorization: Yes  - I hereby agree to pay the annual dues, fees and assessments established by the three associations in consideration for the services the union provides. I understand that those annual amounts are subject to periodic change by the governing bodies of the associations. I authorize a continuing basis, and regardless of my membership status, the payment of those annual amounts established by the three associations through payroll deduction unless I revoke this authorization in signed writing sent to TABCO via USPS (return receipt suggested) between August 15 and September 15 of the membership year immediately preceding the membership year for which the authorization is to be cancelled.

**I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ (RETURN TO YOUR TABCO REP, OR TO 'TABCO MEMBERSHIP' VIA SCHOOL MAIL)



**Sick Leave Bank**

*Another benefit of TABCO membership; help when you need it most.*



**TABCO**  
**Building C Suite 514**  
**1220 E. Joppa Road**  
**Towson, MD 21286-5811**  
**Office—410-828-6403**  
**Fax—410-337-7081**  
**www.tabco.org**

# TABCO Sick Leave Bank

## How does it benefit you?

Since its inception, the TABCO Sick Leave Bank has provided benefits to many employees who have exhausted their own personal sick leave. **The bank allows employees access to additional days of sick leave for catastrophic personal illness, injury or quarantine as needed prior to their return to work.** The days are donated by fellow employees, providing income when needed most.

## How is it managed?

There are three TABCO members who make up the Sick Leave Bank committee. They are selected by the Association. Their role is to receive requests, verify the validity of requests, and approve or deny requests and communicate the decision to the member and the Department of Benefits/Risk Management.

A portion of TABCO membership dues pays for the services provided by the Sick Leave Bank. Additionally, hundreds of hours are spent by the teacher volunteers serving on the TSLB Committee. TABCO provides staff to process claims on the bank and to handle questions about the bank.

## What are the limits on usage?

One year for full-time employees. Usage for part-time employees shall be pro-rated in accordance with Article 16.13 of the Master Agreement.

## Does it cost anything to enroll?

Each full-time employee joining the sick leave bank for the first time will contribute some of their accumulated sick leave at the rate specified in the Master Agreement. If you have:

**0-120 days** of accumulated sick leave — 1.5 days contribution

**121-180 days** of accumulated sick leave — 1 day contribution

**181 or more days** of accumulated sick leave — .5 day contribution

- Employees returning from leave will be permitted to contribute to the bank on approval of the committee.
- New employees will be eligible to join during their second school year of employment.

Contributions for part-time employees will be pro-rated in accordance with Article 16.13 of the Master Agreement.

Subsequent assessments for members in the bank are determined jointly by the TABCO Board of Directors and the Superintendent, based on the recommendation of the TSLB Committee.

*This brochure is intended as an overview of the TABCO Sick Leave Bank. Additional information can be found in Article 12.17 of the Master Agreement and in the Rules & Procedures of the Sick Leave Bank. A copy of the both documents can be found on the TABCO website.*



## How do I enroll?

Complete an enrollment form during the open enrollment period from July 1 through September 30. **Enrollments must be received by September 30 at 5:00 p.m. or postmarked no later than September 30. In the event September 30 falls on a weekend, applications will be accepted until 5:00 p.m. on the first business day, or if they are postmarked no later than the first business day following September 30.** Once an application is received, a verification will be sent to the member within ten (10) days.

## How do I file a claim?

Call the TABCO office for a claim form at least a week before your last two-week pay period, or when your sick leave is exhausted or as soon as you know your illness will last beyond your accumulated sick leave. Return the completed form to TABCO.

## What if my disability lasts beyond my Sick Leave Bank benefits?

**Employee Security, Inc.** Members of TABCO can subscribe to the TABCO Income Protection Plan (TIP) at 410-997-3300 or 800-638-1134.

**AFLAC** protects you in addition to the sick leave bank and is another option for income protection. Call 301-985-2020 or 877-884-3784

Both companies will protect you after your sick leave benefits are exhausted. These programs are a convenient, low-cost way to provide for your expenses when you are unable to work because of accident or illness.