

INSURANCE PREMIUM DEDUCTION AUTHORIZATION

I hereby authorize the Electricians' Pension Plan to deduct from my monthly retirement check the premium for the Electricians Health and Welfare Plan.

This authorization is made voluntarily by me, and I understand that it can be revoked by me at any time.

Name (Retiree)

Date of Birth

Phone Number

Social Security Number

Address : Street City State Zipcode

Do You have Medicare ? _____ Yes _____ No

Does Spouse have Medicare? _____ Yes _____ No

Retiree Signature

Date

Spouse Signature

Date