

EXPLANATION

This Assignment and Authorization Request Form is designed to serve as a convenience to you. Authorizing deductions of self-payments from monthly pension benefits, while purely voluntary, will eliminate the inconvenience and expense of writing checks or obtaining money orders and mailing same to the Fund Office each month and, more importantly, eliminate the risk of losing coverage because of illness, travel, delay in the mail, or any other reason which may prevent you from remitting your self-payment within the prescribed time.

You may revoke this authorization at any time by written notice to the Fund Office; however, such notice must be given at least sixty- (60) days in advance. If, for some reason, you wish to end your coverage under the Health Care Fund, you may do so by notifying the Health Care Fund the first day of the month you wish your coverage to end. In such event, even though self-payments may still be deducted from your pension check for another month or two, you will receive a reimbursement for such self-payments directly from the Health Care Fund.

Should the rate of self-payment be increased, you will be notified far enough in advance to have the opportunity to revoke your authorization for deductions if you choose to end coverage under the Health Care Fund.

