

OPERATING ENGINEERS HEALTH & WELFARE FUND

Award #: _____

SS#: _____

**AUTHORIZATION FORM
AUTOMATIC PENSION CHECK DEDUCTION FOR HEALTH & WELFARE**

Please complete this form and return it to the Fund Office.

_____ In order to satisfy the requirements for eligibility for Retiree Plan benefits under the Operating Engineers Health and Welfare Fund, I hereby elect to authorize the Board of Trustees of the Operating Engineers Pension Trust to deduct from my monthly pension benefit the amount of self-payment required from me under the Health Care Benefits for Retirees and to pay that amount on my behalf to the Operating Engineers Health & Welfare Fund commencing with the pension benefit for the month of

_____.

After the initial enrollment period, I understand I may discontinue payments at any time and I will not be entitled to re-enter the Plan until the open enrollment period during the month of December for benefits starting the following April 1. I understand that I can withdraw and revoke this authorization by written notice

_____ I **do not** want to be enrolled in the Retiree Plan.

_____ I do not want a deduction from my Pension check. I prefer to make a direct payment to the Health & Welfare Fund

Date

Signature

THIS FORM IS NOT A GUARANTEE OF ELIGIBILITY IN THE PLAN. YOUR ELIGIBILITY WILL BE DETERMINED DURING THE PROCESSING OF YOUR APPLICATION.