



## *Plumbers and Steamfitters Local Union No. 248*

### *Pension Fund*

333 West Vine Street • Suite 500 • Lexington, Kentucky 40507  
Toll-Free 888-999-7741 • Fax 859-226-1191

#### **Pension Trust Fund Deduction Authorization**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I hereby authorize the Plumbers and Steamfitters Local Union No. 248 Pension Trust Fund to deduct the cost of health benefits from my monthly pension benefit payment and remit such amount as a self-contribution to maintain my eligibility for health coverage under the Plumbers & Steamfitters Local Union No. 248 Health and Welfare Fund. The deduction will be for:

**Self** (If you and your spouse are covered participants at the time of your retirement and you elect this option, your spouse must sign acknowledging that he/she will no longer be covered under the plan. That by signing this waiver I acknowledge that I forfeit my right to participate in the Plumbers Health and Welfare Plan and will not be allowed to reenter the plan at a later date.)

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**Self and Spouse**

I understand this authorization will remain in effect until further notice, in writing, to the Plumbers & Steamfitters Local Union No. 248 Pension Trust Fund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date