



***Plumbers and Steamfitters Local Union No. 248
Annuity, Health & Welfare and Pension Funds***

230 Lexington Green Circle • Suite 400
Lexington, Kentucky 40503
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