

I.B.E.W. LOCAL 332 PENSION TRUST FUND, PART A

If the I.B.E.W. Local 332 Health and Welfare Plan finds me eligible for retirement medical benefits, I do hereby authorize I.B.E.W. Local 332 PENSION TRUST FUND, PART A to make deductions and payments for premiums for coverage under the I.B.E.W. Local 332 Health and Welfare Plan for myself and my eligible dependents from my monthly pension benefit.

I also understand that

- Date deduction to commence will be verified by Fund Office
- Self-Pay Health and Welfare contribution deducted and paid will be adjusted to reflect future rate changes.

This revocable authorization shall not confer upon the IBEW Local 332 Health and Welfare Fund any enforceable legal rights to collect any sums payable by the Pension Fund to the undersigned as pension benefits.

Dated: _____

Member Signature

Member Name (Please Print)