



LOCAL UNION NO. 569
INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL
WORKERS

**SAN DIEGO
ELECTRICAL HEALTH & WELFARE TRUST**

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SAN DIEGO COUNTY CHAPTER
NATIONAL
ELECTRICAL
CONTRACTORS
ASSOCIATION INC.

RETIREE VOLUNTARY DEDUCTION AUTHORIZATION

I, _____, hereby authorize the deduction(s) from my monthly pension payment issued by the San Diego Electrical Pension Trust of the amount established by the San Diego Electrical Health & Welfare Plan as being required to cover the cost to maintain any of the following medical, dental and/or other benefit program(s) made available to retirees or their eligible dependents on a voluntary basis:

1. Any Plan C Medical Coverage; or
2. Any Dental Coverage (HMO or PPO); or
3. Any additional voluntary benefit program that may become available for participation by myself or my eligible dependents and for which proper enrollment is completed.

This authorization acknowledges that there may be changes to the amount of a required monthly deduction for a particular benefit program and that the Board of Trustees of the San Diego Electrical Health & Welfare Trust has the right to modify the schedule of benefits, monthly premium to be charged and/or terminate part or all of a particular benefit program at any time.

In the event there may be a change to the schedule of benefits or corresponding monthly premium to be charged for any such coverage, unless there is a formal revocation of this Authorization the amount to be deducted from all subsequent monthly pension benefit payments will automatically be changed to the then current charge as a means of maintaining continuous coverage. Further, in the event a premium reduction would automatically become applicable due to death of a retiree/dependent or there is a change in status of a covered dependent, any corresponding change to the prescribed monthly amount will automatically be implemented.

Retiree's Signature

Date

Telephone Number

Social Security Number