

**LOCAL 338 SUPPLEMENTAL RETIREE HEALTH COVERAGE
VOLUNTARY CHECK-OFF AUTHORIZATION**

Effective with my next retirement benefit payment, I hereby authorize the Local 338 Retirement Fund to deduct on a monthly basis from my retirement benefit payment the sum of (amount checked by Fund Office):

\$52/month (the equivalent of \$12/week, the amount due if I am not also paying COBRA premiums to Local 338 Health and Welfare Fund)

Or

\$43.33/month (the equivalent of \$10/week, the amount due if I am also paying COBRA premiums to Local 338 Health and Welfare Fund)

and remit that amount to the Local 338 Health and Welfare Fund for payment of my Local 338 Supplemental Retiree Health coverage.

This authorization is made based on my specific understanding that:

1. the signing of this authorization and the making of these payments are not conditions of my continuing receipt of my retirement benefits and solely represent my chosen supplemental retiree health coverage payment option;
2. I can revoke this authorization at any time upon written notice and resume paying for my supplemental retiree health coverage by check;
3. That all the benefits, limits and exclusions of the supplemental retiree health coverage remain in full force and effect and are not changed by this payment option.

This authorization shall remain in full force and effect until revoked in writing by me.

Name (Print)

Street Address

_____/_____/_____
City State Zip Code

Social Security Number

Signature

Date