

# Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension



## AUTHORIZATION FOR HEALTH AND WELFARE COVERAGE

### PENSION DEDUCTION

**Please reduce my monthly Pension check in the amount of my monthly Health and Welfare coverage premium in order to continue my benefits through the Northern California Tile Industry Health and Welfare Trust.**

\_\_\_\_\_  
Participant's Social Security Number

\_\_\_\_\_  
Participant's Name – PLEASE PRINT

\_\_\_\_\_  
Participant's Authorized Signature

\_\_\_\_\_  
Date

NOTE: If you have specific questions regarding your account, please contact the Benefit Office.

**The Participant can revoke this election at any time by submitting the request in writing to the Benefit Office.**

**\*\*You must notify the Benefit Office of any changes that would affect your coverage and monthly premium rate. An example would be if you or your spouse becomes eligible for Medicare benefit.\*\***