



# BAC of MICHIGAN

## Health and Welfare Fund

P.O. Box 99490 • Troy, MI 48099-9490 • Phone (248) 828-6000 • Fax (248) 828-6001

**BRICKLAYERS PENSION TRUST FUND - METROPOLITAN AREA**  
700 Tower Drive  
Suite 220  
Troy, MI 48098

### ASSIGNMENT AND AUTHORIZATION REQUEST

TO: Board of Trustees  
Bricklayers Pension Trust Fund - Metropolitan Area

I, the undersigned, am receiving a monthly pension benefit from the Bricklayers Pension Trust Fund - Metropolitan Area. I am also maintaining my eligibility for benefits under the BAC of Michigan Health and Welfare Fund by means of self-payments. As a convenience to me and to assure my continued eligibility thereafter, I hereby assign and authorize you to deduct from my monthly Pension Benefit check whatever amount is required to maintain my coverage under the Health and Welfare Fund and to remit such deducted amounts directly to the BAC of Michigan Health and Welfare Fund.

I understand that I may cancel this authorization at any time by notifying the Pension Fund office, in writing, at least fifteen (15) days prior to this deduction being cancelled.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Soc. Sec. #:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please sign, date and return.

*If you would like your health care payment deducted from your pension check, please return this authorization to BAC of Michigan Health and Welfare Fund. All requests will go into effect the following month provided that the form was received by the 15th of the previous month.*