

**BAC of Michigan
Health and Welfare Fund**

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

CERTIFICATION LETTER FOR SELF-PAYMENTS

TO BE CERTIFIED BY AN OFFICER OF THE UNION:

(The Fund office will forward your completed application to the Local Union for Certification-please mail with your check or money order)

Self-Payments are permitted by the Trustees to maintain eligibility during periods of full or partial unemployment. (See Summary Plan Description Booklet) If you certify for any other reason, this privilege may be revoked.

1. Name _____ Subscriber ID # _____
2. Address _____
3. Phone Number _____ When last employed _____
4. Present employer _____
5. Location of present employer _____
6. Class of work now performing _____
7. During your employment, were you an hourly worker ___ subcontractor ___ or supervisor ___
8. Last Employer _____
9. If self-employed since leaving last employer, what is the nature of work performed? _____

Member's Signature _____ Local Union _____

***If you are unable to work due to illness or injury, you may be entitled to additional benefits.
Contact the Fund Office for details.***

CERTIFY THAT THE ABOVE INFORMATION IS TRUE *(To be completed by Local Union Representative)*

Certified by _____ Date _____

Title _____ (Seal) _____

CERTIFICATION LETTER REQUIRED

In order to make a self-payment, the enclosed certification letter must be completed and returned to the Fund Office. Any delays in receiving the certification letter could result in the termination of your health coverage. *Please complete the top portion of the letter and sign where indicated. Forward the completed letter along with your payment to the Fund Office in the enclosed envelope. Please include the signed self-payment stub.* Once the Fund receives the certification letter, *we will forward the letter to your local union for certification.* We will not be able to process payment until the *signed* certification letter is received from your local union. For active working members the certification letter is good for three consecutive months of self-payments before another certification letter is required.

Should you have any questions please call the Fund Office at (248) 828-6000 or (800) 435-4080.
Your cooperation on this matter is appreciated.