

# MICHIGAN GLASS and GLAZING INDUSTRY FRINGE BENEFIT FUNDS

PO Box 966 • Troy, MI 48099-0966  
(248) 641-4957

TO: All Active Eligible Early Retirees, Retirees, and Surviving Spouses ONLY

FROM: Michigan Glass and Glazing Local 357 Benefit Office

DATE: March 23, 2022

SUBJECT: Automation Deduction Option for Monthly Self Payments for Your Monthly Healthcare Self Payment

## **Automatic Deduction Option for Monthly Healthcare Self Payments**

The Board of Trustees is pleased to provide another option for remitting monthly Healthcare Self Payments, which is timely, automated, and secure. If elected, your monthly Self Payment will be automatically deducted from your designated bank account. In order to elect this option, complete the enclosed “*Self Payment Auto Deduction Agreement*”, include a voided check, and return to the Benefit Office. Upon receipt, it will take approximately 30 days to process your automatic Self Payment enrollment. Until your enrollment in the automatic Self Payment program is complete, you will continue to receive monthly Self Payment statements as a reminder that payment is due.

By completing and returning the Agreement and voided check, you authorize the Michigan Glass and Glazing Welfare Insurance Plan to deduct all amounts required under the Fund to continue healthcare coverage from the designated financial institution. The required Self Payment will be deducted from the designated account on or around the 25th of each month for that next month’s coverage. IE: A deduction on July 25<sup>th</sup> will pay for August’s coverage. The authorization remains in force until revoked in writing or until death, whichever occurs first. If at any time the Fund should credit your account for a benefit to which you are not entitled, you authorize and direct the Financial Institution to refund the Michigan Glass and Glazing Welfare Insurance Plan.

The advantages of Automatic Deduction for Monthly Healthcare Self Payments Are:

- **Automatic deduction is safe:** Your monthly self-payment is *automatically deducted from your bank account*, which means no more worrying about lost or stolen checks or delays caused by the mail.
- **Automatic deduction is free:** Deducting your payments from your bank account eliminates the cost of using personal checks and stamps.
- **Automatic deduction is easy:** Your self-payment is deducted from your checking or savings account on time, correctly and confidentially. No more worries about termination of your healthcare for late, delayed, or lost checks.

Enclosed is a self-addressed envelope for your convenience. You may also fax your completed Agreement and voided check to the Michigan Glass and Glazing Benefit Office at (248) 813-9898.

If you have any questions, please contact the Michigan Glass and Glazing Benefit Office at (248) 641-4957.

**Michigan Glass and Glazing Welfare Insurance Plan  
Self Payment Auto Deduction Agreement  
(For Retirees & Surviving Spouses Only)**

Name of Participant \_\_\_\_\_ Social Security No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No (      ) \_\_\_\_\_

**Bank Account Information** – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **DO NOT** attach a deposit slip.

Routing No.  Account No. \_\_\_\_\_

Type of Account:       Checking       Savings

**Financial Institution**

Name \_\_\_\_\_

Address \_\_\_\_\_

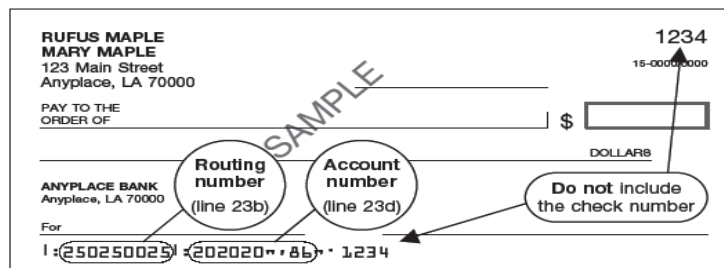
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

I, the undersigned, hereby authorize the Michigan Glass and Glazing Welfare Insurance Plan to deduct all amounts required under the Fund to continue my healthcare coverage from my bank account at the Financial Institution named above. **I understand that the required payment will be deducted from the account indicated above on or around the 25th of each month for that month's eligibility.** This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Michigan Glass and Glazing Welfare Insurance Plan.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



Note: The routing and account numbers may be in different places on your check.