



# Heat & Frost Insulators of Northern California Local 16 Trust Funds

## SELF PAYMENT PENSION DEDUCTION AGREEMENT

*I, the undersigned, am receiving a monthly benefit from the Western States Insulators & Allied Workers Pension Plan and wish to have a portion of that benefit used to maintain eligibility for benefits under the Heat & Frost Insulators Northern California Local 16 Health and Welfare Fund for the various coverage's thereunder which I have selected. For that purpose, I hereby assign whatever amount may be required from time to time to maintain those coverage's under the Health and Welfare Fund as reported to the Pension Fund by the Health and Welfare Fund.*

*Please note: Per Plan rules, if your pension check amount is sufficient to cover the cost of your healthcare premium but you decide to opt-out of the pension deduction process, there will be an additional \$15.00 administrative fee added to your self-payment amount each month.*

Name of Participant: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone No: (\_\_\_\_\_) \_\_\_\_\_

*I understand that I may rescind this authorization at any time by notifying the Trust Fund Office, in writing, at least sixty days before the effective date of the rescission.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date