

Ohio Bricklayers' Fringe Benefit Funds

P.O. Box 99550

Troy, MI 48099

Phone: (248) 641-4921

Toll Free: (833) 289-4921

Website: ohiobricklayersbenefits.org

Automatic Pension Deduction for Monthly Retiree Self Payment Form

The BEST way to pay your Monthly healthcare premium!

The payment is deducted from your pension check!

No more worrying about lost or stolen checks or delays caused by mail service!

The payment is deducted on time so there are no more worries about termination of your healthcare eligibility due to late payments!

Please take a few minutes and complete the form on the back so you can take advantage of the benefits of automatic self payment pension deduction. It will take the Benefit Office about 30 days after it receives your authorization to set up the procedure. Please be assured there will be no interruption in your healthcare benefits and there is no cost to you.

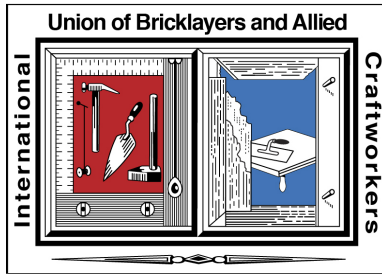
Mail the completed form to:

Ohio Bricklayers' Fringe Benefit Funds

P.O. Box 99550

Troy, MI. 48099

Telephone: 833-289-4921



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SELF PAYMENT PENSION DEDUCTION AGREEMENT

Name of Participant: _____

Social Security No: _____

Address: _____

City: _____ State _____ Zip _____

Telephone No () _____

I, the undersigned, am receiving a monthly benefit from the Ohio Bricklayers Fringe Benefit Funds and wish to have a portion of that benefit used to maintain eligibility for benefits under the I the Ohio Bricklayers Fringe Benefit Funds 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 coverages under the Benefits Funds as reported to the Pension Fund by the Benefit Funds and authorize the Pension Fund to deduct that amount from my monthly benefit check and remit it directly to the Benefit funds.

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

Signature

Date