

## OHIO BRICKLAYERS HEALTH & WELFARE FUND

### **DOLLAR BANK DONATION PROGRAM**

If you or a member of your family experiences a serious illness or injury that has put you at risk of losing health coverage under the Plan, you may qualify for Dollar Bank donation from other participants.

The Board of Trustees will not solicit nor advocate for the donation of Dollar Bank funds on behalf of any individual. There is no promise you will receive a Dollar Bank donation. The Board of Trustees reserves the right to monitor and discontinue the Dollar Bank donation program at any time.

### **RECIPIENT CERTIFICATION**

By signing below, I certify that either myself or a member of my family has a serious illness or injury which has caused my inability to work a full-time schedule sufficient to sustain health coverage under the Plan. I have provided adequate proof of the serious illness or injury to the Board of Trustees. I will not accept more than twelve months' worth of Dollar Bank donations from fellow Participants every plan year.

I am receiving a four-month Dollar Bank donation from \_\_\_\_\_,  
***DONOR NAME***

and they have signed the DONOR ACKNOWLEDGEMENT form.

RECIPIENT SSN: \_\_\_\_\_

RECIPIENT Printed Name & DOB: \_\_\_\_\_

RECIPIENT Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **FUND OFFICE**

BeneSys  
1.833.289.4921  
[www.benesys.com](http://www.benesys.com)

