

# 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.

## **DONOR ACKNOWLEDGEMENT**

By signing the document below, I acknowledge that I have been fully informed of and understand the following:

**DONOR SSN:**

DONOR Printed Name & DOB:

DONOR Signature:

Date:      /      /

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