

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:

- I have read the *Dollar Bank/Health Reimbursement Account* section of the combined Summary Plan Description & Plan Document.
- If I had questions about the Dollar Bank donation program, I consulted the Ohio Bricklayers Fund Office before signing this document.
- I am an active Participant in the Plan and have at least six months of time accumulated in my Dollar Bank.
- The Dollar Bank donation I make is irrevocable.
- I make my Dollar Bank donation voluntarily, and I did not receive any payment or incentive to make my Dollar Bank donation.
- I make a ___ month(s) Dollar Bank donation (donation can be in 1 month increments and up to 4 months allowed) to _____ **RECIPIENT NAME** and they have signed the RECIPIENT CERTIFICATION form.

DONOR SSN: _____

DONOR Printed Name &DOB: _____

DONOR Signature: _____

Date: ____/____/____

FUND OFFICE

BeneSys
1.833.289.4921
www.benesys.com