

PACIFIC COAST SHIPYARDS METAL TRADES TRUST FUND

August 2020

To: Participants of the Pacific Coast Shipyards Metal Trades Trust Fund

From: Board of Trustees

Dear Participant:

The Board of Trustees has recently implemented automatic ACH deduction to facilitate the payment of your monthly Health and Welfare premiums.

Automatic Deduction for Monthly Retiree Self Payment Form **The BEST way to pay your** **monthly healthcare premium!**

And here's why...

Automatic deduction is safe because your monthly Retiree self payment is *automatically deducted from your bank account* – no more worrying about lost or stolen checks or delays caused by mail service.

Automatic deduction is free! Deducting your payments from your bank account eliminates the cost of using personal checks and stamps.

Automatic deduction is easy because your Retiree self payment is deducted from your checking or savings account on time, correctly and confidentially. **No more worries about termination of your healthcare for late or lost checks.**

After completion it will take the Benefit Office about 30 days to process your automatic payment enrollment. Until your enrollment is complete, you will continue to receive monthly self payment statements to remind you that your self payment is due.

We have enclosed a self-addressed envelope for your convenience.

You may also fax your completed form to (925) 462-0108.

Thank you.

PACIFIC COAST SHIPYARDS METAL TRADES TRUST FUND

**BANK ACCOUNT
RETIREE SELF PAYMENT AUTO DEDUCTION AGREEMENT**

Name of Participant _____ Social Security No _____

Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. DO NOT attach a deposit slip.

Type of Account: Checking Savings

Bank Name

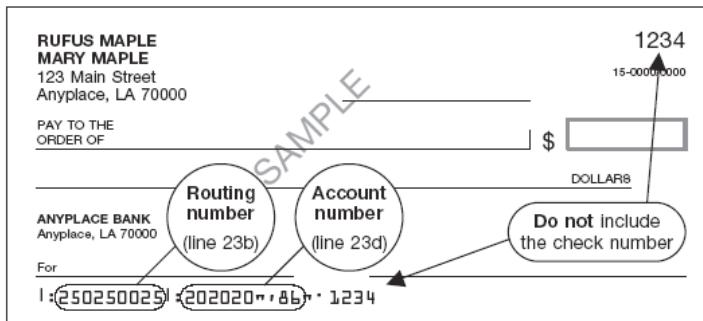
Address

City _____ State _____ Zip _____

Telephone Number

I, the undersigned, hereby authorize the Pacific Coast Shipyards Metal Trades Trust Fund to deduct all amounts required under the Fund to continue my healthcare coverage from my bank account at the Financial Institution named above. **I understand that the required payment will be deducted from the account indicated above on or around the 10th of each month.** This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Fund.

Signature



Date

Return completed form by mail to P.O. Box 2510, San Ramon, CA 94583 or by fax to (925) 462-0108

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