



Plumbers & Pipefitters Trust Funds
3660 Stutz Blvd. Suite 101
Canfield, OH 44406
(330) 779-8856
www.plumbers396benefits.org

PLUMBERS & PIPEFITTERS LOCAL UNION NO. 396

HEALTH & WELFARE FUND

Name _____

Social Security Number _____ Date of Birth _____

Address _____

_____ I hereby authorize you to deduct each month, from my pension check, the amount required to maintain my health coverage and make it payable to the Plumbers and Pipefitters Local 396 Health and Welfare coverage.

Signature Date