



## Local Union No. 598 Plumbing & Pipefitting Industry Health & Welfare Plan & Trust

### ACH AUTHORIZATION FORM

Dear Retiree,

To have an automatic withdrawal from your checking account, please complete the box below and attach a voided check from your checking or savings account.

If you have questions. Or need additional information or assistance in completing this form, please contact us at 1-800-205-7002.

Sincerely,

Benesys, Inc.

Local Union 598 Plumbing & Pipefitting Industry Trust Fund

I hereby authorize the BeneSys, Inc. to withhold the proper amount from my checking or savings account for retiree health and welfare coverage.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed and signed form the following address:**

Local Union No. 598 Plumbing & Pipefitting Industry Trust Funds

BeneSys, Inc.

PMB #116, 5331 S Macadam Ave, Suite 220

Portland, OR 97239

Fax: 503-228-0149 or Email: [598benefits@benesys.com](mailto:598benefits@benesys.com)

PMB #116, • 5331 S Macadam Avenue Suite 258, • Portland, OR 97239 Toll

Free (800) 205-7002 Fax (503) 228-0149

[www.UA598benefits.org](http://www.UA598benefits.org)