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