

# Sheet Metal Workers Local 33 Profit Sharing Annuity Plan

12515 Corporate Drive Parma, OH 44130 ♦ Phone 216-267-3344/888-424-7488

## Plan Selection Form

### Participant Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

### Selection Decision:

Effective for hours worked on or after July 1, 2021, **an additional \$0.25 contribution** has been added to the Sheet Metal Workers Local 33 Cleveland District Health Benefits Plan ("Health Plan"), which may, at the option of the participant, be directed instead to the Sheet Metal Workers Local 33 Profit Sharing Annuity Plan ("PSAP Plan"). This is in addition to the already established \$0.40 per hour. If you wish to direct this \$0.65 per hour contribution from the Health Plan to the PSAP Plan, please check the box below and sign this authorization and return to the Plan Administrator **no later than June 30, 2021. This selection will last for one year or until you are given another opportunity to make such a selection under your collective bargaining agreement. If you fail to submit this form to the Plan Administrator on or before June 30, 2021, the \$0.65 per hour contribution will be credited to your Health Plan to be used for the purchase of your Health Plan or to be put in your Dollar Bank.**

*I authorize that the following hourly portion of the Employer Contributions made under the Collective Bargaining Agreement be directed from the Sheet Metal Workers Local 33 Cleveland District Health Benefits Plan to the Sheet Metal Workers Local 33 Profit Sharing Annuity Plan. This authorization is contingent on my eligibility and my Employer's qualification to make contribution to the Sheet Metal Workers Local 33 Profit Sharing Annuity Plan.*

### **\$0.65/hour H&W Redirect Fund**

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### Employee Approval:

I understand that I am making this one-time Selection to direct \$0.65 from my Health Plan to my PSAP Plan and that I will not be able to change this selection until I am given the opportunity to do so under the Collective Bargaining Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Form via email to: [Smw33FundOffice@benesys.com](mailto:Smw33FundOffice@benesys.com),  
or mail to: Sheet Metal Workers Local 33 Profit Sharing Annuity Plan  
700 TOWER DR STE 300  
TROY, MI 48098