



**PLUMBERS & STEAMFITTERS LOCAL 166  
BENEFIT FUNDS**

P.O. BOX 99485  
TROY, MICHIGAN 48099-9485  
(248) 641-4966 or Toll Free (855) 641-4966

**AUTHORIZATION FOR SELF PAYMENT DEDUCTION**

**TO: TRUSTEES OF THE PLUMBERS AND STEAMFITTERS LOCAL 166 HEALTH AND WELFARE FUND**

**Please reduce my monthly Pension check by the amount of my monthly self-payment, in order to continue my benefits in the Plumbers and Steamfitters Local 166 Insurance Fund. This amount is to be applied against my self-payment contribution to the Insurance Fund.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Authorized Signature

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

\_\_\_\_\_  
Member's Name – *PLEASE PRINT*

**YOU MUST NOTIFY THE FUND OFFICE OF ANY CHANGES FOR YOUR INSURANCE. AN EXAMPLE WOULD BE WHEN THE MEMBER OR SPOUSE BECOMES EFFECTIVE FOR MEDICARE BENEFITS.**

\*\*\*\*\*