

# U.A. Local No. 393 Benefit Funds

## **HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION**

6293 San Ignacio Ave ■ San Jose, CA 95119 ■ P.O. Box 2460 ■ San Jose, CA 95109-2460  
(408) 588-3751 ■ (408) 436-8210 fax ■ Staff@ualocal393benefits.org ■ www.ualocal393benefits.org

### **Authorization for Extended Reserve Account deduction**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

#### **Deduction from Extended Reserve Account:**

I, \_\_\_\_\_, have health and welfare coverage under the U.A. Local No. 393 Retiree Health and Welfare Plan. I elect to have my monthly payment for coverage deducted from my Extended Reserve Account until it is exhausted or until I cancel the automatic deductions in writing.

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Signature

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Date

Please return this form to:

U.A. Local No. 393 Benefit Fund Office  
P.O. Box 2460  
San Jose, CA 95109