Administered by BeneSys

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 SELF PAYMENT DEDUCTION

I voluntarily assign a portion of my monthly pension benefit from the U.A. Local No. 393 Defined Benefit Pension Plan to the U.A. Local No. 393 Health and Welfare Plan. The amount of this assignment is to be equal to the self-payment necessary to maintain coverage for myself (and dependents, if applicable) in the U.A. Local No. 393 Health and Welfare Plan as established by the Trustees from time to time. This authorization and reduction is for my convenience in remitting my monthly health care self-payments.

I acknowledge and understand that this assignment is voluntary and may be revoked by myself at any time. I reserve the right to rescind this authorization at any time by notifying the pension department, in writing, at least sixty days before the effective date of the rescission.

Signature: _____

Name (please print): _____

Social Security or Alternate ID: _____

Phone Number: _____

Date: _____

If you have Eligible Dependents covered under the U.A. Local No. 393 Health and Welfare Plan (for example, a Spouse or Child(ren), please list the Name, Birth Date and Social Security Number of each Eligible Dependent below:

Dependent Name	Dependent Birth date	Soc. Sec. No.
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Return this assignment when completed to U.A. Local No. 393 Health and Welfare Plan, P.O. Box 2460, San Jose, CA 95109-2460. If you have any questions, please contact the Fund Office at (408)588-3751.