



Western States Insulators and Allied Workers' Pension Plan  
Western States Insulators and Allied Workers' Individual Account Plan  
Western States Insulators and Allied Workers' Health Plan

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**DATE:** SEPTEMBER 20, 2021  
**TO:** ALL PARTICIPANTS OF THE WESTERN STATES INSULATORS AND ALLIED WORKERS' PENSION PLAN; AND WESTERN STATES INSULATORS AND ALLIED WORKERS' INDIVIDUAL ACCOUNT PLAN  
**FROM:** BOARD OF TRUSTEES  
**SUBJECT:** EMAIL NOTICES – PAPERLESS DISTRIBUTION

Dear Participant,

Every year, the Trust Fund Office mails you numerous documents, notices and other important information about the Western States Insulators & Allied Workers' Pension Plan and Western States Insulators & Allied Workers' Individual Account Plan.

**We are happy to announce that you can now receive these documents electronically.**

If you complete the attached consent form, then going forward whenever there is any new posting, you will receive an email with a link to the Funds' website, [www.WSIAWbenefits.org](http://www.WSIAWbenefits.org), where you can review the new documents and notices.

Printing and mailings can be quite expensive for the Funds. Many Participants find it more convenient to get and retrieve notices and other information electronically.

The Participant website ([www.WSIAWbenefits.org](http://www.WSIAWbenefits.org)), provides you access to all plan booklets, answers to frequently asked questions about benefits, notices and announcements. You can also set up a secured password and get personalized information about your pension credits, contributions received and account balances in the Individual Account Plan.

**If you want to avoid receiving written material in the mail, and instead receive email notices to links to documents as soon as they are available, please fill out and sign the attached consent form and return it to us by mail in the attached envelope; or, sign it, and upload it through the Participant Website, [www.WSIAWbenefits.org](http://www.WSIAWbenefits.org).**

Your participation is voluntary, and you can discontinue it at any time by providing a written notice to the Fund Office.

If you participate, you would need to keep our office informed of any change in your Email address.

Thank you for considering this option.

Sincerely,

Board of Trustees

**CONSENT TO RECEIVE EMAIL NOTICE OF PLAN DOCUMENTS,  
NOTICES FOR  
WESTERN STATES INSULATORS & ALLIED WORKERS' PENSION  
PLAN  
WESTERN STATES INSULATORS & ALLIED WORKERS'  
INDIVIDUAL ACCOUNT PLAN**

I reviewed a letter from the Western States Insulators & Allied Workers' Trust Funds offering the opportunity to receive email notices of any new, or changes to existing, Fund documents, notices and other information with regard to the Western States Insulators and Allied Workers' Pension Plan, and the Western States Insulators and Allied Workers' Individual Account Plan ("Funds").

I know such documents are being mailed to me, but I am electing to receive these documents electronically.

By voluntarily signing this consent, I understand that:

- The Funds will no longer send to me copies of these documents in paper form.
- Instead, the Funds will send to me email notices of any new documents or changes to old documents with a link to the documents on the Funds' website.

I have regular access to a computer and the ability to access information in an electronic format.

I understand that I may withdraw this election at any time by writing, or sending an email via the [www.WSIAWbenefits.org](http://www.WSIAWbenefits.org) website, or mailing the Administrative Office at the following addresses:

WSIAW Trust Funds  
c/o BeneSys Administrators, Inc.  
P.O. Box 1427  
San Ramon, CA 94538  
Telephone: (800) 320-0184  
Fax: (925) 462-0108

I also understand that I have the continued right to request paper copies of specific documents.

I understand that it is important for me to notify the Administrative Office of any change in my Email address.

PRINT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

SIGNATURE \_\_\_\_\_