



Steubenville Electrical Welfare Fund
PO Box 364
Troy, MI 48099
(330) 779-8889
www.ibew246benefits.org

SELF PAYMENT PENSION DEDUCTION AGREEMENT

Name of Participant _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No ()

I, the undersigned, am receiving a monthly benefit from the IBEW LOCAL 246 PENSION and wish to have a portion of that benefit used to maintain eligibility for benefits under the Steubenville Electrical Welfare Fund for the various coverage's thereunder which I have selected. For that purpose, I hereby assign whatever amount may be required from time to time to maintain those coverages under the Health and Welfare Fund as reported to the Pension Fund by the Health and Welfare Fund and authorize the Pension Fund to deduct that amount from my monthly benefit check and remit it directly to the Health and Welfare fund.

I understand that I may rescind this authorization at any time by notifying the Pension Fund Office, in writing, at least sixty days before the effective date of the rescission.

Signature

Date



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Automatic Pension Deduction for Monthly Retiree Self Payment Form

The BEST way to pay your monthly healthcare premium!

The payment is automatically deducted from your pension check!

No more worrying about lost or stolen checks or delays caused by mail service!

The payment is deducted on time so there are no more worries about termination of your healthcare eligibility due to late payments!

Please take a few minutes and complete the form so you can take advantage of the benefits of automatic self-payment pension deduction. It will take the Benefit Office about 30 days after it receives your authorization to set up the procedure. Please be assured there will be no interruption in your healthcare benefits and there is no cost to you.

Mail the completed form to:
I.B.E.W. LOCAL 246
3660 Stutz Drive Suite LL 101
Canfield, OH 44406

Telephone: (330) 779-8889 or 800-559-1155