

ELECTRICAL WORKERS PENSION FUND

**ASSIGNMENT OF PARTICIPANT TO HEALTH AND WELFARE FUND FOR
PAYMENT OF RETIREE HEALTH BENEFITS**

NAME

SOCIAL SECURITY NUMBER

ADDRESS

TELEPHONE NUMBER

I hereby direct the Electrical Workers Pension Plan – Part A _____, Part B _____, or Part C _____ to deduct the required monthly contribution from my monthly benefit check to the Electrical Workers Health and Welfare Fund, for my contribution to the Electrical Workers Health and Welfare Fund.

I wish to have the Pension Fund make the first assignment to the Electrical Workers Health and Welfare Fund beginning _____.
Month / Year

I may revoke this assignment at any time by delivering a Written Revocation to the Fund Office, 2002 London Road Suite 300 – Duluth MN 55812.

I also understand that this assignment does not change the taxation of my Pension Benefit, and I will be taxed as if I had received the money assigned to the Electrical Workers Health and Welfare Fund.

Participant Signature

Date