

LOCAL UNION 697
IBEW AND ELECTRICAL INDUSTRY BENEFIT FUNDS

7200 MISSISSIPPI ST., SUITE 300 • MERRILLVILLE, INDIANA 46410 • 219-845-4433

**Automatic Healthcare Deductions
For Retirees in the
Lake County Indiana N.E.C.A. – I.B.E.W. Local 697 Health and Benefit Fund**

If you are paying premiums to the Lake County Indiana N.E.C.A. – I.B.E.W. Local 697 Health and Benefit Fund as a retiree, you can elect the "automatic deduction" payment option. This means that, with your written approval, the Pension Fund will deduct from your monthly pension the amount you would normally contribute, as a separate payment, for your retiree medical benefits.

With automatic deduction, you no longer have to bother with getting your check into the Health and Benefit Fund in a timely manner.

If you elect automatic deduction, you must complete this form and return it to:

Lake County Indiana N.E.C.A. – I.B.E.W. Local 697 Health and Benefit Fund
7200 Mississippi Street
Suite 300
Merrillville, IN 46410

Please complete:

As a participant of the Lake County Indiana N.E.C.A. – I.B.E.W. Local 697 Health and Benefit Fund, (the Health Plan), I hereby authorize the Local 697 I.B.E.W. & Electrical Industry Pension Fund (the Pension Fund) to deduct from my monthly pension benefit the premium necessary to pay my cost of coverage under the Health Plan and to forward said sum to the Health Plan.

I understand that if this Authorization is filed at the office of the Health Plan in a timely manner, it shall become effective on the first day of the month following the execution of this Authorization Form. This Authorization shall remain in effect until revoked in writing by me and notice of the revocation is filled with the Health Plan.

_____ Date _____
Participant's Signature

Participant's Printed Name

Last Four Digits of Your SS# _____