

**IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY
SUPPLEMENTAL BENEFIT FUND**

3445 Winton Place, Suite 238
Rochester, NY 14623
Phone: (585) 424-3510
Fax: (585) 424-3722

AUTHORIZATION FOR AUTOMATIC PURCHASE OF HEALTH INSURANCE

This authorization only applies to members who have worked at least 100 hours in a work period, but less than the 200 hours required for coverage, you can self-pay the hours that you are short to continue Welfare coverage in the corresponding eligibility period.

****Members who have worked less than 100 hours see information below.****

I authorize the Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan to withdraw funds from my Supplemental Account to short pay the hours needed to maintain health insurance coverage during an eligibility period.

I understand that in no event will any benefits be paid from my account if such a payment would reduce the balance in my account below ONE HUNDRED FIFTY DOLLARS (\$150.00).

In the event my balance is \$150 or less, notification will be sent by the Fund Office advising me of such. It is then my responsibility to send payment to the Fund Office, in check or money order, for the health insurance premium within ten (10) days from my termination date.

**** I understand that if I worked less than 100 hours within a 3-month work period, it is my responsibility to submit the necessary paperwork and/or premium payment to the Fund Office to continue my health insurance. Payment for members who work less than 100 hours will not be automatically taken from the Supplemental Fund.**

I further declare that I have not and will not deduct these expenses on my federal, state, or local income tax returns.

Name: _____ Date: _____
(Print)

Signature _____ Local: _____

Social Security Number: XXX-XX-____

This authorization will remain in effect until written notification to cancel automatic service is received.

SEE REVERSE SIDE