

MICHIGAN LABORERS' HEALTH CARE FUND

ASSIGNMENT AND AUTHORIZATION

I, the undersigned, am receiving a monthly retirement benefit from (*Please check the Pension Fund that you receive your monthly pension from*):

Laborers' Pension Trust Fund – Detroit & Vicinity
Michigan Laborers' Pension Fund

and wish to have a portion of that benefit used to maintain the eligibility for benefits under the Michigan Laborers' Health Care Fund. For that purpose, I hereby assign whatever amount may be required from time to time to maintain my eligibility under the Health Care Fund as reported to the Pension Fund by the Health Care Fund and authorize the Pension Fund to deduct that amount from my monthly retirement benefit check and remit it directly to the Health Care Fund.

I understand that I may rescind this authorization at any time by notifying the Health Care Fund Office, *in writing*, at least sixty (60) days before the effective date of the rescission.

Participant Name (Please Print)

Member ID # or Social Security #

Spouse's Name (Please Print)

Spouse's Social Security Number

Street Address

City

State

Zip Code

Date

Participant's Signature

Except for your signature, please print or type all other information.

(The amount assigned cannot, of course, be more than your monthly retirement benefit from the Pension Fund.)

THE FOLLOWING IS TO BE COMPLETED BY THE MICHIGAN LABORERS' HEALTH CARE FUND OFFICE:

Amount

Effective Date

Fund Office Signature and Date

EXPLANATION

This Assignment and Authorization Request Form is designed to serve as a convenience to you. Authorizing deductions of self-payments from monthly pension benefits, while purely voluntary, will eliminate the inconvenience and expense of writing checks or obtaining money orders and mailing them to the Fund Office each month and, more importantly, eliminate the risk of losing coverage because illness, travel, delay in the mails, or whatever reason, may prevent you from remitting your self-payment within the prescribed time.

You may revoke this authorization at any time by written notice to the Pension Fund Office - but, since hundreds of checks are issued from the Pension Fund each month via computer, such notice must be given at least 60 days in advance. If, however, you wish to cease your coverage under the Health Care Fund for whatever reason, you may do so by notifying the Health Care Fund before the first date of the month you wish your coverage to stop. In such event, even though self-payments may still be deducted from your pension check for another month or two, you will receive a reimbursement for such self-payments direct from the Health Care Fund.

If, and when, the rates of self-payments are increased, you will be notified far enough in advance to revoke your authorization for deduction if you choose to cease coverage under the Health Care Fund.