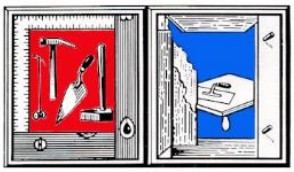
Bricklayers and Allied Craftworkers



Local Union #15 MO-KAN

BAC LOCAL UNION 15
WELFARE AND PENSION FUNDS

PO Box 909500, Kansas City, MO 64190-9500
(816) 777-2668 | (833) 479-9728 | Fax: (816) 756-3659

RE: BAC LOCAL UNION 15 WELFARE FUND - DIRECT PAYMENT OPTIONS

Dear Retiree:

The BAC Local Union 15 Welfare Fund offers two ***Direct Payment*** options for retirees who make monthly self-payments for their health care coverage. *Direct Payment* eliminates the need to write and mail checks for your monthly coverage, as your payments will be automatically deducted from either your Pension Benefit from BAC Local Union 15 Pension Fund or from your checking or savings account.

Here are your *Direct Payment* options. Please select ONE if you are interested in utilizing this service:

☐ **OPTION #1, PENSION BENEFIT DEDUCTION:**
If your monthly Pension Benefit is greater than the amount of your Retiree self-payment, you can elect to have the Fund withhold your self-payments from your BAC Local Union 15 Pension Benefit. The remaining balance of your Pension Benefit will be sent to you. If you are interested in using this option, please complete the attached *Pension Benefit Deduction Agreement*. Return this agreement to the Fund Office in the enclosed envelope.

☐ **OPTION #2, DEDUCTION FROM CHECKING OR SAVINGS ACCOUNT:**
The second option is to have your Retiree self-payments deducted from your checking or savings account. If you are interested in using this option, please complete the attached "*Direct Payment Authorization Agreement*" and attach a voided check from the account that you want debited. Return this agreement to the Fund Office in the enclosed envelope. You must notify the Fund Office if your home address, bank or financial institution information changes at any time. If this occurs, you must complete a new *Direct Payment Authorization Agreement*.

You may continue to receive monthly statements until you have been set up on Direct Payment. You must continue to mail your monthly premium payments to prevent an interruption in your coverage.

The *Direct Payment* option you choose may be changed or cancelled at anytime by notifying the Fund Office in writing. The Fund must receive the notice no later than the 15th of the month prior to the date of change or cancellation.

Please contact the Fund Office at (816) 777-2668 if you have questions about these *Direct Payment* options.

Sincerely,

Eligibility Department

BAC LOCAL UNION 15 WELFARE FUND
PENSION BENEFIT DEDUCTION AGREEMENT

USE THIS FORM TO ELECT
DIRECT PAYMENT OPTION 1*, PENSION BENEFIT DEDUCTION*

I hereby authorize the BAC Local Union 15 Welfare Fund to deduct the appropriate monthly amount for Retiree self-payments from my monthly BAC Local Union 15 Pension Benefit check.

This authority will remain in effect until the Fund has received, by the 15th of the previous month, my written notification that I have terminated this authorization. I agree and understand that the amount of my account payment will change automatically if my self-payment rate changes at any time. I am aware that if I terminate coverage I may **NOT** reinstate the benefits unless termination was caused by return to covered employment and eligibility for active employees benefits.

Pensioner's Name: _____
(Please Print)

Pensioner's Social Security Number: _____

Name of Spouse: _____

Spouse's Birth Date: _____

Address: _____

_____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Pensioner's Signature: _____

Date Signed: _____

PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS LISTED BELOW:

BAC Local Union 15 Welfare Fund
PO Box 909500
Kansas City, MO 64190-9500

FOR OFFICE USE ONLY:

Payment Effective Date: _____ Amount of Payment: $_____

For questions, contact the Fund Office at (816) 777-2668.

BAC LOCAL UNION 15 WELFARE FUND
DIRECT PAYMENT AUTHORIZATION AGREEMENT

USE THIS FORM TO ELECT
DIRECT PAYMENT OPTION 2*, DEDUCTION FROM CHECKING OR SAVINGS ACCOUNT*

I (we) hereby authorize the BAC Local Union 15 Welfare Fund to instruct my Financial Institution to make monthly Retiree self-payments to the Welfare Fund from the account identified below on or around the 1st of each calendar month. This authority will remain in effect until the Fund has received, by the 15th of the previous month, my (our) written notification that I (we) have terminated this authorization or until the Fund has mailed to me, written notice of termination of this agreement. I agree and understand that the amount of my account payment will change automatically if my (our) self-payment rate changes at any time.

CONTACT INFORMATION

Name(s) on Account: _____

Daytime Phone #: _____ Address: _____

Other Address: _____ Member Social Security Number: _____

Member Signature: _____

Alternate Signature if Joint Account*: _____

**If more than one name appears on the account to be debited, both parties must sign the authorization form.*

REQUIRED FINANCIAL INSTITUTION INFORMATION

(A Voided Check must accompany this form)

Name of Financial Institution: _____

Account Type (select one): ☐ Checking ☐ Savings

Account Number: _____

Transit Routing Number: _____

(This number is located in the lower left corner of your check)

PLEASE NOTE: COMPLETED FORMS MUST BE RECEIVED BY THE FUND OFFICE NO LATER THAN THE 15th OF THE PREVIOUS MONTH. PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE 1st OF EACH MONTH, OR THE LAST BUSINESS DAY THAT FALLS ON OR PRECEDES THIS DATE.

PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK TO THE ADDRESS LISTED BELOW:

BAC Local Union 15 Welfare Fund
PO Box 909500
Kansas City, MO 64190-9500

FOR OFFICE USE ONLY:

Payment Effective Date: _____ Amount of Payment: $_____