

# Northern California Electrical Workers Pension Plan

720 Market St., Ste 700  
San Francisco, CA 94102

**As a convenience to retirees who are required to make monthly direct payments to the San Francisco Electrical Workers Health and Welfare Plan, the Trustees of the Northern California Electrical Workers Pension Trust have amended the Plan to allow an “after tax” and “voluntary” deduction from monthly pension checks. If you are interested in this option, please complete the following and return to the Plan Office.**

## ***ASSIGNMENT OF BENEFITS TO PAY RETIREE SHARE OF HEALTH AND WELFARE BENEFITS COVERAGE***

I/We hereby authorize the Northern California Electrical Workers Pension Trust Office to deduct from my/our monthly pension benefit payment the amount that has been determined by the Trustees of the San Francisco Electrical Workers Health and Welfare Plan to be paid by me, as a retiree participant, to maintain my/our retiree health and welfare coverage in full force and effect.

I/We understand that I/We are under no obligation to enter into this arrangement for the payment of the retiree share of health and welfare coverage, and that this assignment of benefits to the Health and Welfare Plan for that purpose may be revoked at any time by advising the Trust Fund Office of revocation of this authorization and assignment of benefits to the Health and Welfare Plan.

I/We also understand that the Trustees of the San Francisco Electrical Workers Health and Welfare Plan have recorded in the minutes of the Board of Trustees filed in the Trust Fund Office that the Trustees acknowledge that they have no right to enforce this Assignment of Benefits with respect to any pension benefit payment due me/us except to the extent of any actual payments made to the Health and Welfare Trust on account of this Assignment that are actually made prior to my/our revocation of this assignment of benefits to the Health and Welfare Plan. **I/We understand that this is on an “after tax” basis and that this election will not affect the gross income that will be reported to the IRS on my/our behalf.**

\_\_\_\_\_  
(Signature of Participant/ Date)

\_\_\_\_\_  
(Signature of Spouse, if married)

\_\_\_\_\_  
(Social Security Number)