

AUTHORIZATION & ASSIGNMENT

To: Trustees of the New England Carpenters Pension Fund
Trustees of the Southern New England Carpenters Annuity Fund

I have applied for Retiree’s Benefit coverage under the New England Carpenters Health Fund (the “Health Fund”). I understand that I cannot change the choice I made originally, or elect coverage now if I originally declined coverage. As payment for the coverage, I hereby VOLUNTARILY and KNOWINGLY assign

\$_____of my future monthly Pension benefit from the New England Carpenters Pension Fund, Or

**_____of my future monthly Annuity benefit from the Southern New England Carpenters Annuity Fund,

to cover the payment required by the Health Plan. I authorize and direct you to deduct that amount from my monthly check from the appropriate Fund and to remit it directly to the Health Fund. This assignment and authorization is to remain in effect until 15 days after you received contrary written instructions from me by first class mail.

If the amount of the contribution required for continued Retiree coverage is changed at any time by the Health Fund, I understand that the Fund will notify me but this Authorization & Assignment AUTOMATICALLY COVERS THE NEW AMOUNT without any further written authorization from me.

Members Signature: _____ Date: _____

***Date Which Assignment Should Take Effect: _____

Print Name: _____

Social Security #: _____

Telephone: _____

**** ANNUITY APPLICATION MUST BE COMPLETED.
PLEASE CONTACT THE ANNUITY DEPARTMENT.**

*****FIRST PAYMENT MUST BE MADE PAYABLE TO
THE CONNECTICUT CARPENTERS HEALTH FUND.**

SEND COMPLETED FORM TO:

Carpenters Benefit Funds
ATT: Pension/Annuity Department
10 Broadway
Hamden, CT 06518