



# Northern California Plasterers Trust Funds

Health & Welfare Trust Fund, Pension Plan and Plasterers Local 66 Supplemental Pension Trust

4160 Dublin Boulevard, Suite 400, Dublin, CA 94568-7756

Toll Free: 1-(844) 663-8121 \* Fax: 1-(925) 833-7301

Email: [plasterersinfo@hsba.com](mailto:plasterersinfo@hsba.com)



## AUTHORIZATION FOR AUTOMATIC DEDUCTION FOR HEALTH AND WELFARE PAYMENT

I hereby authorize the Fund Manager of the Plasterers Union Local No. 66 Supplemental Pension Plan to make a payment from my hardship-based pension benefit payment directly to the Plastering Industry Welfare Trust Fund. This payment will be made in:

\_\_\_\_\_ (enter month and year in which payment will be made from the hardship distribution)

This payment is for the purpose of paying the contribution required (based on the current rate being charge) for continued coverage for me and my eligible dependents under the Plastering Industry Welfare Trust Fund for the following months (up to three consecutive months maximum):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this is not an assignment of my pension benefits, but is a voluntary authorization for direct payment. I understand that this authorization is revocable by me at any time by a written notice of revocation delivered to the Fund Manager at Northern California Plasterers Trust Funds, 4160 Dublin Boulevard, Suite 400, Dublin, CA 94568-7756.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print/Type)

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
City State Zip Code

Social Security Number: \_\_\_\_\_

### RETURN THIS FORM TO:

Plasterers Union Local No. 66 Supplemental Pension Plan  
4160 Dublin Boulevard, Suite 400  
Dublin, CA 94568-7756