

TRI-STATE JOINT FUND

Executive Director
203-250-2604

Claims Administrator
203-250-2606

Fax
203-250-1232



Accounting
203-250-2602

Information Technology
203-250-2603

Retiree Benefits
203-250-2601
800-292-8340

609 West Johnson Avenue, 2nd Floor, Cheshire, CT 06410

AUTHORIZATION FORM FOR PENSION DEDUCTION

Name _____

SSN or Member TSJ ID _____

Address _____

Spouse Name _____

Spouse SSN or TSJ ID _____

Please complete Part I of this form if you wish to authorize the New England Teamsters & Trucking Industry Pension Fund to deduct your premium from your pension check. Complete Part II of this form if you do not wish to have this deduction made.

YOU MUST CURRENTLY BE RECEIVING YOUR PENSION

PART I Authorization to have Health Care Premium Deducted from Monthly Pension Benefit from the New England Teamsters and Trucking Industry Pension Fund

As a Participant of the Tri-State Joint Fund (Tri-State) Special Retiree Plan, I hereby authorize the New England Teamsters and Trucking Industry Pension Fund to deduct from my monthly pension benefit the premium to pay my cost of coverage under the Tri-State Special Retiree Plan and to forward that amount to Tri-State each month. I understand that the amount of the premium may change from time to time by the Board of Trustees. **I also understand that my Authorization must reach Tri-State by the tenth business day of the month BEFORE this authorization is to take effect.** This Authorization shall remain in effect until the earlier of the date the Authorization is revoked in writing by me and notice for revocation is filed with Tri-State or the termination of my eligibility in the Tri-State Special Retiree Plan.

Signature _____

Date _____

PART II Acknowledgment of Decision not to have Health Care Premium Deducted from Monthly Pension Benefit from the New England Teamsters and Trucking Industry Pension Fund

As a Participant of the Tri-State Joint Fund (Tri-State) Special Retiree Plan, I understand that I may have my premium payment for this coverage deducted from my monthly pension check from the New England Teamsters and Trucking Industry Pension Fund. **I am not authorizing this deduction at this time** for the following reason:

- I am not eligible for a pension from the New England Teamsters and Trucking Industry Pension Fund.
- I am eligible for a pension from the New England Teamsters and Trucking Industry Pension Fund but I prefer to continue to personally pay my premium each month.

I understand that I will be responsible for making monthly premium payments directly to Tri-State Joint Fund.

Signature _____

Date _____