



**CONSTRUCTION  
INDUSTRY LABORERS**

**FRINGE BENEFIT FUNDS**

PO Box 909500  
Kansas City, MO 64190-9500  
(816) 777-2669  
(833) 479-9429 (toll free)  
(816) 756-3659 (fax)

Managed for the Trustees by  
Wilson-McShane Corporation

**RE: CONSTRUCTION INDUSTRY LABORERS WELFARE FUND - DIRECT PAYMENT OPTIONS**

Dear Retiree:

The Construction Industry Laborers 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 Construction Industry Laborers Welfare 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 Construction Industry Laborers 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 15<sup>th</sup> of the month prior to the date of change or cancellation.

Please contact the Fund Office at (816) 777-2669 if you have questions about these ***Direct Payment*** options.

Sincerely,

Eligibility Department

**CONSTRUCTION INDUSTRY LABORERS WELFARE FUND**  
**PENSION BENEFIT DEDUCTION AGREEMENT**

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

I hereby authorize the Construction Industry Laborers Welfare Fund to deduct the appropriate monthly amount for Retiree self-payments from my monthly Construction Industry Laborers' Pension Benefit check.

This authority will remain in effect until the Fund has received, by the 15<sup>th</sup> 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:**

Construction Industry Laborers 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) 777-2669.

**CONSTRUCTION INDUSTRY LABORERS 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 Construction Industry Laborers 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 1<sup>st</sup> of each calendar month. This authority will remain in effect until the Fund has received, by the 15<sup>th</sup> 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:**

Construction Industry Laborers Welfare Fund  
PO Box 909500  
Kansas City, MO 64190-9500

FOR OFFICE USE ONLY:

Payment Effective Date: \_\_\_\_\_ Amount of Payment: \$ \_\_\_\_\_