



EQUITY-LEAGUE BENEFIT FUNDS
 PENSION, HEALTH & 401(K)

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 Fax: (212) 869-3323
 Website: www.equityleague.org

Authorization to the Equity-League Pension Trust Fund to Deduct Health Fund Premiums from Pension Benefit Payments

I, _____, hereby authorize the Equity-League Pension Fund (“Fund”) to deduct from my
 (Name of Equity-League Pensioner)

pension, the monthly payment for health and/or dental coverage for me and/or my dependents (currently \$_____ per month) and to pay such amount to the Equity-League Health Trust Fund on the date that I would otherwise receive my payment.

I authorize such reduction to start on _____(*must be a future date*) and to be automatically adjusted upward or downward if the Health Fund changes its premium rates for the coverage(s) that I have elected. I also understand that this authorization is completely voluntary and can be revoked at any time by requesting revocation in writing to the Equity-League Pension Fund. Such revocation shall be effective as of the first of the month following the receipt of such revocation as long as the revocation is received at least 10 business days or more prior to the first of the month, and otherwise the first of the month thereafter.

Agreed to by:

 Pensioner Name (print)

 Signature

 AEA Membership Number

 Date

THIS SECTION IS TO BE COMPLETED BY THE EQUITY-LEAGUE BENEFITS SERVICES DEPARTMENT:

Accepted by the Pension Fund by

 Name (print)

 Title

 Signature

 Date