



# Laborers Health and Welfare Trust Fund for Northern California

220 Campus Lane, Fairfield, CA 94534-1498 • Telephone: (707) 864-2800 • Toll Free: 1-(800) 244-4530

Dear Pensioner:

As an alternative to mailing your monthly Health Care Expense Assistance benefit check of \$75.00 (or \$37.50 if you are a surviving spouse), the Retired Laborers Plan of the Laborers Health and Welfare Trust Fund for Northern California is offering you the **option** of having your monthly benefit check electronically deposited to your financial institution. Electronic Direct Deposit is limited by law to those financial institutions which are banks, savings and loans, and credit unions.

In order to participate in this program, complete all the information requested on the Authorization Form below and mail it to the Fund Office in the enclosed postage-paid envelope. For more information and answers to questions regarding Electronic Direct Deposit, please read the enclosed notice.

Should you have any questions regarding this program, please do not hesitate to contact the Fund Office at our toll-free number, 1-800-244-4530, between the hours of 8:00 AM and 5:00 PM, Monday through Friday. Please ask for Pension Department.

Sincerely,

BOARD OF TRUSTEES

## ELECTRONIC DIRECT DEPOSIT FORM

PENSIONER'S NAME		SOCIAL SECURITY NUMBER	
PENSIONER'S ADDRESS	STREET	CITY	STATE ZIP CODE
NAME OF FINANCIAL INSTITUTION			
BRANCH/OFFICE ADDRESS		CITY	STATE ZIP CODE
TYPE OF ACCOUNT AND ACCOUNT NUMBER (CHECK-OFF BOX AND WRITE BOTH ACCOUNT NUMBER AND ROUTING NUMBER)			
<input type="checkbox"/>	CHECKING	ACCOUNT NO.:	ROUTING NO.:
<b>You MUST enclose a personal check with your pre-printed name and address &amp; marked "VOID" across the front of the check.</b>			
-- OR --			
<input type="checkbox"/>	SAVINGS	ACCOUNT NO.:	ROUTING NO.:
<b>You MUST provide proof that the account is in your name such as letter from the bank, copy of bank statement, etc.</b>			
<i>I hereby authorize Laborers Health and Welfare Trust Fund for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Fund.</i>			
PENSIONER'S SIGNATURE:			DATE:

## **Information about Electronic Direct Deposit**

### **WHAT IS ELECTRONIC DIRECT DEPOSIT?**

Answer: With Electronic Direct Deposit, your Health Care Expense Assistance benefit is sent electronically to your financial institution and credited directly to your account. There is no check printed or sent by mail. **There is no fee or cost to you when you participate in this program.**

### **WHAT ARE THE ADVANTAGES OF ELECTRONIC DIRECT DEPOSIT?**

- Answer:
- ◆ Immediate and uninterrupted deposits while away from home or on a vacation.
  - ◆ Your benefit is credited to your account the day we issue monthly Health Care Expense Assistance benefit checks as opposed to 1 to 5 days, depending where you live, waiting for your check in the mail.
  - ◆ Reduced risk of loss, theft, or forgery of benefit checks.

### **WHEN WILL MY FIRST ELECTRONIC DIRECT DEPOSIT TRANSACTION BE CREDITED TO MY ACCOUNT?**

Answer: Your first transaction should occur from 60 to 90 days after your Authorization Card is received by the Fund Office. You will receive notice of deposit from the Fund Office prior to the first transaction.

### **WHAT SHOULD I DO WHEN I WISH TO CHANGE THE FINANCIAL INSTITUTION RECEIVING ELECTRONIC DIRECT DEPOSIT?**

Answer: Your electronic direct deposit will continue to be received by the Financial Institution on your Authorization Form at the Fund Office. To change Financial Institutions, you must complete a new Authorization Form and mail it to the Fund Office. It is recommended that you maintain accounts at both Financial Institutions until the new Financial Institution has received your first electronic direct deposit.

### **SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders must immediately advise both the Fund Office and the financial institution of the death of the PENSIONER. Funds deposited after the date of death are to be returned to the Fund Office. The Laborers Health and Welfare Trust Fund for Northern California will then make a determination regarding benefits payable and beneficiary's entitlement. ***Failure to notify the Fund Office of the death of the payee could result in substantial liability to the account holder.***

### **CANCELLATION**

The agreement represented by this authorization remains in effect until canceled by the payee by written notice to the Fund Office, by death or legal incapacity of the payee, or canceled by the Laborers Health and Welfare Trust Fund for Northern California if benefits terminate in accordance with Plan provisions.

The agreement represented by this authorization may be canceled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. The payee must immediately advise the Fund Office if the authorization is canceled by the financial institution. The financial institution cannot cancel the authorization by advice to the Fund Office.