

AUTHORIZATION & ASSIGNMENT

To: Trustees of the Connecticut Carpenters
Pension Fund/Connecticut Carpenters Annuity Fund

I have applied for Retiree's Benefit coverage under the Connecticut Carpenters Health Fund (the "Health Fund"). I understand that I cannot change the choice I made originally, or elect coverage now if I originally declined coverage. As payment for the coverage, I hereby VOLUNTARILY and KNOWINGLY assign

\$_____ of my future monthly Pension benefit from the Connecticut Carpenters Pension Fund,

OR

**\$_____ of my future monthly payment from the Connecticut Carpenters Annuity Fund,

to cover the payment required by the Health Plan. I authorize and direct you to deduct that amount from my monthly check from the appropriate Fund and to remit it directly to the Health Fund. This assignment and authorization is to remain in effect until 15 days after you receive contrary written instructions from me by first class mail.

If the amount of the contribution required for continued Retiree coverage is changed at any time by the Health Fund, I understand that the Fund will notify me but this Authorization & Assignment AUTOMATICALLY COVERS THE NEW AMOUNT without any further written authorization from me.

Members Signature: _____ Date: _____

***Date Which Assignment Should Take Effect: _____

Print Name: _____

Social Security #: _____

Telephone #: _____

SEND COMPLETED FORM TO:

Connecticut Carpenters Benefit Funds
10 Broadway
Hamden, CT 06518

**ANNUITY APPLICATION MUST BE COMPLETED. PLEASE CONTACT ANNUITY DEPT.

***FIRST PAYMENT MUST BE MADE PAYABLE TO THE CT CARPENTERS HEALTH FUND