



National Asbestos Workers Pension Plan

2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028
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Administered by:
NEBA
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



Assignment of Pension Plan Benefits to National Asbestos Workers Medical Fund

Employee Name:		Last 4 of Social Security #:	
Date of Birth:		Local Union #:	

Authorization

I hereby authorize the National Asbestos Workers Pension Plan to withhold and transmit an amount from my monthly pension benefit payment equal to the monthly amount due to the National Asbestos Workers Medical Fund for retiree participation. This authorization is entirely voluntary on my part and may be revoked at any time at my sole discretion.

Signature: _____ Date: _____

Instructions:

If you elect automatic deduction, please enclose your check for the first quarterly payment. ***The deduction will commence with the first month of the next benefit period.***

Your check should be made payable and mailed to:

National Asbestos Workers Medical Fund
2010 NW 150th Avenue, Suite 200
Pembroke Pines, FL 33028