



## Insulators and Allied Workers National Pension Fund

2010 N.W. 150<sup>th</sup> Avenue, Suite 200 | Pembroke Pines, FL 33028  
Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629  
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Administered by:  
**NEBA**  
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



### Assignment of Pension Plan Benefits to Insulators and Allied Workers National Medical Fund

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

<b>Authorization</b>
<p>I hereby authorize the Insulators and Allied Workers National Pension Fund to withhold and transmit an amount from my monthly pension benefit payment equal to the monthly amount due to the Insulators and Allied Workers National Medical Fund for retiree participation. This authorization is entirely voluntary on my part and may be revoked at any time at my sole discretion.</p> <p>Signature: _____ Date: _____</p>

#### 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:

Insulators and Allied Workers National Medical Fund  
2010 NW 150<sup>th</sup> Avenue, Suite 200  
Pembroke Pines, FL 33028