

UFCW INTERNATIONAL UNION PENSION PLAN FOR EMPLOYEES

AUTHORIZATION

Voluntary Assignment of Pension Benefits

1. I hereby voluntarily direct the UFCW International Union Pension Plan for Employees ("Pension Plan") to deduct from each of my monthly pension benefit payments an amount equal to the monthly premium required to establish and maintain my coverage under the UFCW Health Insurance Plan for Retirees ("Health Plan") for the same month and remit it to the UFCW International Union ("International") to pay the monthly premium required to establish and maintain my coverage under the Health Plan. Currently, the monthly premium required for my coverage under the Health Plan is _____ (\$1600.00 x _____%), but I understand that this monthly premium amount may increase or decrease based upon the claims experience of the Health Plan in the prior year.
2. I hereby authorize the International to receive all or any portion of my monthly pension payment under the Pension Plan to pay the current monthly premium required to establish and maintain my coverage under the Health Plan.
3. I understand that this is a voluntary assignment and that I may revoke this Authorization completely at any time by giving written notice directly to the Pension Plan at the UFCW Benefits Office, 1775 K Street, NW, Washington, D.C. 20006-1598. I further understand that my written revocation of this Authorization must be submitted to the Pension Plan at least 30 days before the date that I wish the revocation to be effective.

Signed: _____ Date: _____

Name and Address: _____
