
1300 Higgins Rd., Ste. 300 ♦ Park Ridge, IL 60068-5713
Daniel W. Ryan, Fund Administrator

847-384-7000 ♦ 800-621-5133 ♦ FAX 847-384-0197
TDD 847-384-0199 ♦ ufcwmidwest.org

What Could Be Worse than a Lost or Late Health Care Payment?

Retirees who pay the Fund for health coverage under the Optional Retiree Health Plan M must have their payments arrive at the Benefits Fund Office by the first of each month.

If a check is late or lost in the mail, any of the following can happen:

- our on-line pharmacy computer system might deny your prescription drug purchase while you are at the pharmacy ...
- doctors and hospitals calling the Benefits Fund Office may not be able to verify your coverage ...
- processing of your claims could be delayed ...
- your coverage could be cancelled if payment is not received.

We have an easy solution...avoid all these problems by sending us your Plan M payment directly from your bank, electronically. Many people now pay their bills electronically each month. You can pay your Plan M premium on the first of the month without writing a check, using a stamp, or walking to the mailbox. More importantly, the payment is automatic and cannot be late or lost (unless there is not sufficient money in your account to make the payment).

If you are interested, just fill out the "Authorization Agreement for Electronic Transfer of Payments" form (on page 2). We must have at least two weeks notice before the month you wish the direct payment to begin. We will confirm in writing that we have received your request and will also confirm the month that the electronic payments will start.

We will stop taking electronic payments from your bank when you advise us to stop or when your coverage under Plan M ends.

Should you have any questions, please contact the Billing Department at the Benefits Fund Office.

**Authorization Agreement for Electronic Transfer
of Payments for Optional Retiree Health Plan M**

To automatically deduct from your bank account the monthly cost of providing health coverage, just fill out and return the form below along with a voided check or savings deposit ticket. The monthly payment will be deducted from your account on the first working day of each month. We'll send you a notice letting you know when the automatic deduction will begin and the amount of the deduction.

Retiree Name _____

Retiree UFCW ID# or Social Security Number _____

Retiree Daytime Area Code/Telephone _____

Bank Name _____

City & State _____

Bank Area Code/Telephone _____

Type of Account (such as checking, money market, savings) _____

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| Attach a voided check or a savings account deposit ticket that indicates account and bank numbers |
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I hereby authorize the UFCW Midwest Health Benefits Fund to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my account identified on the attached voided check or savings deposit ticket at the depository named above. This authorization will remain in effect until I notify the Health Fund in writing to the contrary. I understand that my written notice of termination is to be in such time and manner as to afford both the Health Fund and the depository named above a reasonable opportunity to act on it.

Signature _____ Date _____