

Pacific Coast Roofers Pension Plan

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ADMINISTRATORS
UNITED ADMINISTRATORS SERVICES



VOLUNTARY, REVOCABLE DIRECTIVE TO PAY BENEFITS TO RETIREE MEDICAL PLAN

Name: _____ SSN: _____

I direct the Pacific Coast Roofers Pension Plan to automatically deduct my monthly retiree medical premium from my pension benefit and pay it to the following welfare benefit plan:

() Bay Area Roofers Health & Welfare Plan (Locals 40, 81, 95)

() Union Roofers Health & Welfare Fund (Locals 36, 220)

This directive is revocable by me at any time with respect to benefits not previously paid to the specified welfare benefit plan.

Date: _____ Signature: _____

Local: _____