



Los Angeles Machinist Benefit Trust

3333 Vincent Rd., Suite 203-A • Pleasant Hill, CA 94523 • Phone (800) 499-8121 • Fax (925) 405-0659

**TO: LOS ANGELES MACHINIST BENEFIT TRUST
RETIREES AND COBRA PARTICIPANTS**

FROM: BOARD OF TRUSTEES

RE: DIRECT PAY PLAN

The Board of Trustees of the Los Angeles Machinist Benefit Trust offers a direct payment plan for your monthly health insurance payment.

If you wish to participate, **your monthly payment will be automatically deducted from the account you list on the enclosed "Direct Debit Authorization Form" on the third of each month** (or the first working day following the third day if the third of the month occurs on a weekend or holiday).

Direct payment will eliminate the need for you to write a check and mail it to the Trust Office each month; you need only make an entry of the deduction each month in your check register.

If you are interested in participating in the direct payment plan you will need to do the following.

If the monthly payment is to be deducted from ***your checking account***:

Read, complete, sign, date and return the Direct Debit Authorization Form; ***attach a voided check from your checking account.***

If the monthly payment is to be deducted from ***your savings account***:

Read, complete, sign, date and return the Direct Debit Authorization Form; ***attach a voided deposit slip from your savings account.***

If there are not sufficient funds in your account to cover your payment on the third of the month (or the first working day following the third day if the third of the month occurs on a weekend or holiday) the automatic debit will be processed again on the 15th of the month (or the first working day following the 15th day if the 15th of the month occurs on a weekend or holiday). The Fund will handle this as it would a "returned check" and there will be an additional \$10.00 fee for processing. If there are two experiences of insufficient funds in a row you will be removed from the program.

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If you wish to take advantage of this payment option, return your completed form (*along with a voided check if you are using a checking account, or a voided deposit slip if you are using a savings account*) to:

LAMBT
PO BOX 6149
Garden Grove, CA 92846

Please see the examples below to determine when your automatic payments will begin, based on the date your form is received by the Trust Office. **Payments will be automatically deducted from your account on the third of each month** (or the first working day following the third day if the third of the month occurs on a weekend or holiday).

<u>Form Received by</u> <u>Administration Office</u>	<u>First Payment Debit</u>
<i>Before July 20</i>	August 3
<i>Before August 20</i>	September 3
<i>Before September 20</i>	October 3
<i>After July 20</i>	September 3
<i>After August 20</i>	October 3
<i>After September 20</i>	November 3

NOTE: You will need to continue making payments for your coverage by check or money order through the last month before your automatic payments begin, as shown above.

If you have any questions, please call our office and speak with Brianda. The phone number is 714 898-2200. Office hours are Monday through Friday, 9:00 am to 5:00 pm, closed for lunch noon to 1:00 pm.

Enclosure (Authorization Form)

LOS ANGELES MACHINIST BENEFIT TRUST

DIRECT DEBIT AUTHORIZATION FORM

If you would like to participate in the direct debit program, please do one of the following:

- 1) If the direct debit will be drawn upon your *checking account*, please sign below and **attach a voided check**. The voided check is for informational purposes only.
- 2) If the direct debit will be drawn upon your *savings account*, please sign and fill in the information below and **attach a voided deposit slip**. The voided deposit slip is for informational purposes only.

NAME: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

SIGNATURE: _____

DATE: _____

Send this form to: LAMBT
 PO BOX 6149
 Garden Grove, CA 92846