

Los Angeles Machinist Benefit Trust

3313 Vincent Rd., Suite 216 • Pleasant Hill, CA 94523 • Phone (800) 499-8121 • Fax (925) 405-0659

DATE: NOVEMBER 8, 2016

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 is offering a direct payment plan for your monthly health insurance payment. This program is being implemented in response to requests by participants and is slated to begin January 1, 2017.

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 this 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 the 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) by the 20th of the month to:

L.A.M.B.T PO BOX 6149 Garden Grove, CA 92846

If your form is received *after* the 20th of the month, automatic payment will begin on the third day of the second month following the date it was received. An example is shown below.

Form Received by Administration Office	<u>First Payment Debit</u>	
After December 20	February 3	
After January 20	March 3	
After February 20	April 3	

NOTE: You will need to continue making payments for your coverage by check or money order through the end of the 2016. In order for the direct payment program to be effective January 1, 2017, you must mail your form so that we receive it by December 20, 2016.

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 - 5:00 (closed for lunch noon to 1:00).

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 complete and 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 complete and sign below; *attach a voided deposit slip*. The voided deposit slip is for informational purposes only.

Write "VOID" across the face of the check or deposit slip; do not tear, cut or mark out the area that shows the bank routing number and account number.

NAME AS SHOWN OF	N ACCOUNT:		
BANK NAME:			
ACCOUNT NUMBER:			
SIGNATURE:		DATE:	
Send this form to:	LAMBT		
	PO BOX 6149		
	Garden Grove, CA 92846		

