

I hereby authorize you to deduct each month, from my pension check, the amount required to maintain my health coverage and make it payable to the Southwest Ohio Regional Council of Carpenters Health & Welfare fund as payment for my health coverage. Currently, the amount of my monthly health coverage is \$\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number