



MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



AUTHORIZATION FOR SELF-PAYMENT TRANSFER FROM SPECIAL FUND

Name: _____ Member ID or SS #: _____ Local Union #: _____

Address: _____

Check here if new address

Telephone: _____

I, the undersigned, am a participant in the Special Fund sponsored by the Michigan Electrical Employees' Health Plan ("Plan"). As a convenience to me, I voluntarily request and authorize the Plan Office to automatically deduct the amount needed from my Special Fund account to make regular self-payments on my behalf to maintain coverage under the Plan.

I understand that an automatic deduction and self-payment transfer will be made when my eligibility for coverage under the Plan would otherwise terminate due to insufficient credited hours. I understand that no automatic deduction and self-payment transfer can be made if my Special Fund account balance is insufficient to cover the full amount of the self-payment.

I also understand that this authorization shall remain in effect unless and until I revoke this authorization in writing, or this automatic deduction and transfer option is discontinued by the Plan. I understand that the revocation is only effective after it is received by the Plan Office and that any automatic deduction and self-payment transfer made before the revocation of this authorization is received will not be affected.

This authorization is only effective after it is received by the Plan Office.

Automatic deductions cannot start until the next billing period. If a self-payment is currently due you will have to pay by check, or make your request for a Special Fund deduction on the billing form.

SIGNATURE: _____