

MASSACHUSETTS LABORERS' PENSION FUND

P.O. BOX 1501 • 1400 DISTRICT AVENUE • SUITE 200
BURLINGTON, MASSACHUSETTS 01803
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 272-2226

AUTHORIZATION FOR DEDUCTION OF MEDEX PROGRAM MONTHLY PAYMENTS

If you are an active paying member in your Local Union, following is the program to pay your monthly Medex premiums by deducting them from your pension benefit payments. All you need to do is to complete this form and return it to the Fund office.

I hereby assign to the Massachusetts Laborers' Pension Fund from each of the benefit payments to which I am entitled, to be sent to Blue Cross Blue Shield of Massachusetts. I hereby authorize and direct the Massachusetts Laborers' Pension Fund to deduct such amount from each of the monthly benefit payments to which I am entitled and to remit same to Blue Cross Blue Shield of Massachusetts at such times and in such manner as may be agreed between the Pension Fund and the retirees at any time which this authorization is in effect.

This assignment and authorization is made freely and voluntarily by me. I understand this assignment and authorization may be revoked by me at any time by sending a signed, written notice to the Massachusetts Laborers' Pension Fund. Such revocation shall be effective for the benefit payment next due after receipt of the revocation by the Massachusetts Laborers' Pension Fund.

Blue Cross Blue Shield of Massachusetts shall not have any enforceable right in, or to, any plan benefit payment except to the extent of payments actually received pursuant to this authorization for the Medex 2/ Blue Cross Blue Shield Medicare Rx program.

Name of Pensioner: _____ Local Union #: _____

Street Address: _____

City/State/Zip: _____

Social Security Number: _____

Signature of Pensioner: _____