

Pacific Coast Roofers Pension Plan

MAILING ADDRESS: P.O. BOX 5057, ZIP 95150-5057 • 1120 S. BASCOM AVENUE, ZIP 95128-3590 • SAN JOSE, CA •PHONE (408) 288-4400

VOLUNTARY, REVOCABLE DIRECTIVE TO PAY BENEFITS TO RETIREE MEDICAL PLAN

Name: _____ SSN: _____

I direct the Pacific Coast Roofers Pension Plan to automatically deduct my monthly retiree medical premium from my pension benefit and pay it to the following welfare benefit plan:

Bay Area Roofers Health & Welfare Plan (Locals 40, 81, 95)

Union Roofers Health & Welfare Fund (Locals 36, 220)

This directive is revocable by me at any time with respect to benefits not previously paid to the specified welfare benefit plan.

Date: _____ Signature: _____

Local: _____