

2016 RETIREE AUTHORIZATIONS
Authorization for Direct Deposits (ACH Credits)

Participant Name: _____ Participant SS#: XXX-XX-_____ D/O/B _____

Bank Name: _____

Checking Account Savings Account Other Account _____

_____ * ROUTING NUMBER

_____ ACCOUNT NUMBER

*Routing numbers are different on some financial institutes' checking accounts and savings accounts. Please verify your routing numbers. You may attach a "voided" or "canceled" deposit slip and/or check.

Authorization to Deduct Health Care Premiums
(Rates Effective January 1, 2014)

Age 55-59

- \$ 331.50 Participant only
- \$ 663.00 Participant & Spouse
- \$1,067.44 Family

Age 60-64

- \$181.47 Participant only
- \$277.20 Participant & Spouse
- \$444.98 Family

Age 65 & Over

- \$160.03 Participant only
- \$234.33 Participant & Spouse
- \$375.81 Family

One Medicare Primary/One Non-Medicare/Dependant Child \$410.39

One Medicare Primary/One Non-Medicare \$255.77

One Medicare Primary/Dependant Child \$197.95

Medicare COBRA \$160.03

Authorization to Deduct Monthly U.A. Union Dues

- \$14.00 Age 65 or Older (by December 31, 2001) \$18.00 (by December 31, 2006)
- \$20.00 (by December 31, 2011) \$25.00 (under age 65 Effective: 1/1/15)

Authorization to Deduct Federal Income Tax

- I do not wish to have Federal Income Tax Withheld from my monthly Pension Benefit.
- I wish to have 10% of my gross monthly Pension Benefit withheld for Federal Income Tax.
- I wish to have _____ (Specify a dollar amount) withheld from my monthly Pension Benefit for Federal Income Tax.

Participant Signature

Date