

*****All sections/fields on this form must be completed for form to be approved*****

Retiree Verification Form / Authorization Agreement for Preauthorized Payments (ACH Debits)

MO-KAN SHEET METAL WORKERS WELFARE FUND

P.O. Box 300019 – Kansas City, MO 64130-0019 – (816) 531-0334 or (866) 531-5488

I. Member Information

_____	_____	_____	____/____/____	____-____-____
Name of Member (Last)	(First)	(M.I.)	Date of Birth	Social Security Number
_____	_____	_____	____/____/____	____-____-____
Name of Spouse (Last)	(First)	(M.I.)	Date of Birth	Social Security Number
_____	_____	_____	_____	_____
Street Address	City	State	Zip Code	
(____) _____	_____	_____	____/____/____	
Telephone #	Member's E-mail Address		Date Retired	

II. Medicare / Social Security Disability Status

Do you have Medicare Coverage? Yes No Does your Spouse have Medicare? Yes No

If yes, is it due to End Stage Renal Disease? Yes No If yes, is Medicare due to End Stage Renal Disease? Yes No

If yes, when did it become effective? ____/____/____ If yes, when did Medicare become effective? ____/____/____

Have you or your spouse been awarded social security due to a disability? Yes No

*****If yes, please attach a copy of the award letter you/your spouse received from SSDI when you return this document.*****

III. Authorization Agreement for Preauthorized Payments (ACH Debits)

I wish to have my self-pay retiree premiums automatically withdrawn from the bank account listed below. (Please complete sections III and IV)

I (we) hereby authorize Mo-Kan Sheet Metal Workers Welfare Fund to initiate debit entries and if necessary, initiate credit correction or adjustment entries to my (our) account at the financial institution indicated below. I (we) understand that if the regularly scheduled debit amount should vary above the set range, we will receive written notification from Mo-Kan of the new amount no later than ten (10) calendar days before the scheduled transfer date. If the scheduled date of the debit changes (other than for a weekend or federal holiday then the debit shall occur on the following banking date), I (we) will receive written notice from Mo-Kan no later than seven (7) days before the new scheduled transfer date.

Automatic debits will occur the 20th of every month, and cannot be changed, for the amount designated below.

***** Please attach a voided check or financial institution verification letter for account validation *****

Depository Financial Institution:	Branch:
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Amount to Debit: \$0.00
	(subject to annual review updates)
Transit Routing Number:	Account Number Information:
Member Signature: _____ Date: _____	Spouse Signature: _____ Date: _____

This authority is to remain in full force and effect until Mo-Kan Sheet Metal Workers Welfare Fund has received written notification from you of its termination in such a time and manner as to afford Mo-Kan and the Depository Institution a reasonable opportunity to act on it.

THIS FORM IS TO BE RETAINED BY MO-KAN SHEET METAL WORKERS WELFARE FUND AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.

IV. Certification of True Statement

Members Signature: _____ Date: _____