

ADMINISTRATION OFFICE
4th DISTRICT IBEW HEALTH FUND
3150 US Route 60 * Ona, WV 25545
Telephone: (304) 525-0331 * Fax: (304) 525-6005
www.4thdistricthealthfund.com

Authorization of Self-Contribution Deduction from HRA Account

Name: _____ SSN: _____

I hereby authorize the Administration Office for the 4th District IBEW Health Fund to deduct any self-contribution amount due to purchase continued coverage under the Fund on a monthly basis from my HRA account. I recognize that this authorization will remain in effect until such time as I notify the Administration Office in writing of my withdrawal of this authorization.

Begin Date: _____ End Date: _____

Signature _____ Date _____