

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

P.O. Box 5057, San Jose, CA 95150 ❖ (408) 288-4400 ❖ (800) 541-8059

SUPPLEMENTAL RETIREMENT TRANSFER AUTHORIZATION TRANSFER FOR COBRA CONTINUATION COVERAGE

THIS FORM MUST BE COMPLETED IN FULL
AN INCOMPLETE FORM WILL BE RETURNED TO YOU

****THIS AUTHORIZATION IS ONLY GOOD FOR ONLY ONE (1) MONTH PREMIUM****

You must sign monthly as long as you want a transfer of funds for premium payments. By my signature below, I hereby authorize the Administration Office of Sacramento Area Electrical Workers Trust Fund to transfer payment in the amount of:

_____ from my account in the Supplemental Retiree Program as payment for COBRA

continuation Coverage for the month of _____ 20____.

DATE

SOCIAL SECURITY NUMBER

PRINT NAME

PARTICIPANT'S SIGNATURE

PLEASE RETURN FORM TO:
Marlene Hernandez
mhernandez@uastpa.com