INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCALS 181, 320, AND TVA
HEALTH AND WELFARE TRUST FUND
700 North Elm Street ~ P.O. Box 1179
Henderson, Kentucky 42419-1179 ~ Phone 270-826-6750

Dear Member:

Enclosed is an Authorization Agreement for Direct Payments form. If you enroll, our bank will withdraw your monthly self-payment for Health and Welfare eligibility directly from your bank account. This program eliminates the need to send a payment each month and helps prevent late payments that could result in termination of your coverage.

Payments are initiated on the 10th of each month. If the 10th falls on a Saturday or Sunday, payment will be initiated on the preceding Friday. Although the withdrawal typically takes 1 to 2 days to process, the funds should be available in your account by the 10th.

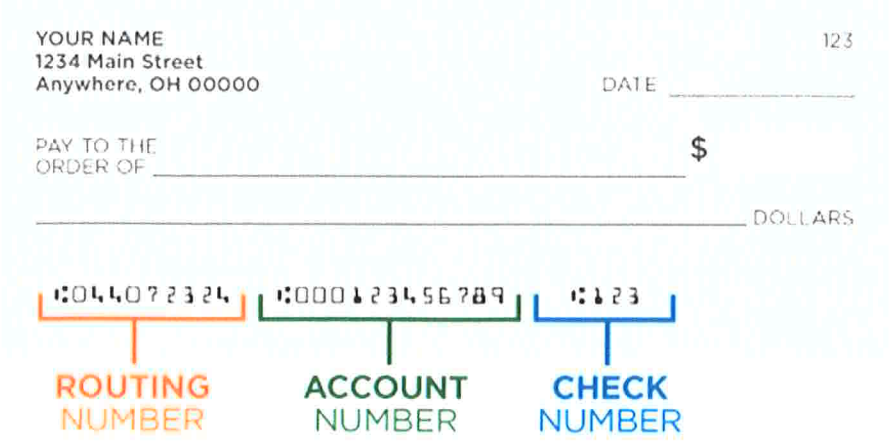
To enroll in the program, please complete the enclosed form in full. We are unable to complete any part of the form for you. If you have questions about your bank information, contact your bank for assistance. Please also include a voided check for a checking account or a deposit slip for a savings account.

If you have any questions, feel free to contact the Health and Welfare office at 270-826-6750.

Sincerely,

IUOE Locals 181, 320 & TVA
Health & Welfare Trust Fund

Enclosure



OPERATING ENGINEERS LOCALS 181, 320 & TVA HEALTH AND WELFARE FUND

P.O. BOX 1179
Henderson, KY 42419-1179
(270) 826-6750

Authorization Agreement for Direct Payments (ACH DEBITS)

Name of Participant: _____ Social Security: _____
(Please print)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

BANK INFORMATION

I request that my monthly self-payment for healthcare coverage be electronically transferred from my:

Checking Account_____ **Savings Account** *_____

Please only choose one option above.
Attach your voided check,or deposit ticket for a savings account.*

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Your Account Number: _____
Routing #: - (Bank I.D. Number): _____

YOUR AUTHORIZATION

I hereby authorize the Operating Engineers Locals 181, 320 & TVA Health and Welfare Fund, to initiate debit entries from my account indicated above. If an amount should be debited from my account in error or after my death, I authorize the appropriate credit adjustment to be made to my account.

Participant Signature: _____ Date: _____