

**WISCONSIN ELECTRICAL EMPLOYEES BENEFIT FUND**

**2730 DAIRY DRIVE SUITE 101**

**MADISON WI 53718**

**(608) 276-9111 OR (800) 422-2128**

**FLEXIBLE BENEFIT ACCOUNT AUTOMATIC SELF-PAYMENT PREMIUM DEDUCTION FORM**

I, the undersigned, am a Participant with a Flexible Benefit Account maintained in the Wisconsin Electrical Employees Health and Welfare Plan ("Plan"). As a convenience to me, I voluntarily request and authorize the Plan Office to automatically deduct the amount needed from my Flexible Benefit Account to make regular self-payments on my behalf to the extent necessary to maintain coverage under the Plan.

I understand that an automatic Flexible Benefit Account deduction and self-payment transfer will be made when my eligibility for coverage under the Plan would otherwise terminate due to an insufficient dollar bank balance. I understand that no automatic deduction and self-payment transfer can be made if my Flexible Benefit Account balance is insufficient to cover the full amount of the self-payment. I understand that this authorization is only effective after it is received by the Plan Office and automatic deductions cannot start until the next billing period.

In order to discontinue the Automatic Flex Account Self-Payment Premium deduction I understand that I will need to submit to the Fund Office, in writing, that I no longer wish to have the Flex Account Automatic Self-Payment Premium deduction or complete this form selecting the third option below. I understand that the revocation is effective the month following receipt of this notice by the Plan Office and that any automatic deduction and self-payment transfer made before the revocation of this authorization is received will not be affected. (i.e...Fund Office receives your revocation request in May, Flex auto deduction will be stopped as of June 1st).

**I understand that this signed form does not change the maximum number of self-payments allowed under the rules and regulations of the Plan.**

I WISH TO HAVE MY FLEX ACCOUNT AUTOMATICALLY DEDUCT MY SELF-PAY PREMIUM IF MY DOLLAR BANK IS SHORT.

I WISH TO CANCEL MY FLEX ACCOUNT AUTOMATIC SELF-PAYMENT PREMIUM DEDUCTIONS.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No. or H&W ID No.