



## COBRA SELF-PAYMENT - ACH WITHDRAWAL FORM

**1. Personal Information: (Please Print)**

|                                      |                      |                                      |                               |                                   |                        |
|--------------------------------------|----------------------|--------------------------------------|-------------------------------|-----------------------------------|------------------------|
| C<br>O<br>M<br>P<br>L<br>E<br>T<br>E | NAME (LAST)          |                                      | (FIRST)                       | (MI)                              | SOCIAL SECURITY NUMBER |
|                                      | DATE OF BIRTH<br>/ / | GENDER<br>MALE _____<br>FEMALE _____ | SINGLE _____<br>MARRIED _____ | DIVORCED _____<br>WIDOW(ER) _____ | TELEPHONE              |
|                                      | MAILING ADDRESS      |                                      | CITY                          | STATE                             | ZIPCODE                |

**2. Coverage Election [Please Mark Applicable Coverage; Choose ONE option only]**

I have elected COBRA coverage for the following members of my family:

- Employee/Retiree Only    
  Employee/Retiree & Spouse    
  Employee/Retiree, Spouse & Children  
 Employee/Retiree & Children    
  Surviving Spouse    
  Surviving Spouse & Child(ren)

**3. Authorization for Automatic COBRA Deduction from Bank Account**

I authorize the automatic deduction of the monthly COBRA plan self-payment from my bank account to cover the *entire* COBRA self-payment amount on the 20<sup>th</sup> of each month. I understand that I may revoke this authorization for automatic deduction at any time by written notice to the Welfare Trust at the address shown above.

BANK NAME: \_\_\_\_\_  
 BANK TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_  
 ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

- Checking                       Savings

***NOTE: Please attach a VOIDED check or savings deposit slip.***

I understand COBRA self-payment amounts are reviewed on an annual basis and are contingent on the cost to provide health care coverage. I further understand these COBRA self-payment amounts may be subject to change based on those annual reviews.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**