



# NECA-IBEW Welfare Trust Fund

2120 Hubbard Avenue, Decatur, Illinois 62526-2871  
Phone: (217) 875-0254 Fax: (217) 875-1487 Website: www.neca-ibew.org

## Direct Transfer Authorization Form

***Note: This form only needs to be completed and returned if you wish to enroll in the HRA Direct Transfer Option or if you wish to revoke your previously authorized Direct Transfer Option***

Name: \_\_\_\_\_

SSN/Participant ID: \_\_\_\_\_

Street Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize NECA-IBEW to directly transfer funds from my Health Reimbursement Account (HRA) to the NECA-IBEW Welfare Trust Fund (“Direct Transfer”) for the following types of payment(s):

**Please check one or more boxes:**

**Retiree Premium:** I understand that the Direct Transfer amount will be adjusted for any pre-funding or payments from other sources regarding my retiree premium.

**You can elect to pay your Retiree Premium via Direct Transfer on the following schedules;**  
please select one.

Monthly     Quarterly     Semi-Annually     Annually

**COBRA Payment:** I understand that the Direct Transfer amount for the COBRA payment will be the full amount of the COBRA payment established by the Board of Trustees (less any credits, if any).

**Self-Pay Payment:** I understand that the Direct Transfer amount will be the full amount of the Self-Pay payment that I owe (less any credits, if any).\*

**\*Please note, the amount may vary depending on how many hours are reported on your behalf during the relevant time periods.**



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**Please check the box below to agree to the terms and conditions of Direct Transfer:**

**I agree to the following:**

- **Direct Transfer will be in effect until I no longer have available funds in my HRA account, or I notify NECA-IBEW that I wish to discontinue with Direct Transfer payments.**
- I understand that the Fund will make every attempt to notify me if my HRA balance has or is projected to have insufficient funds to make my next scheduled Direct Transfer, but I understand that I am ultimately responsible for ensuring that sufficient funds exist in my HRA account for the Direct Transfer payments that I have authorized above.
- I understand that if sufficient funds are not available in my account to make the full amount of the Direct Transfer, then the Welfare Fund will not process the Direct Transfer.
- The NECA-IBEW Welfare Trust Fund is not liable for missed payments for any reason, including missed payments that are the result of a lack of sufficient funds in my HRA account.
- I understand that this form supersedes any prior transfer authorization form submitted by me.

**I revoke my authorization for Direct Transfer.**

**Participant Signature**

**Date**

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