



# ALASKA TEAMSTER-EMPLOYER WELFARE TRUST

520 E. 34<sup>th</sup> Avenue, Suite 107

Anchorage, AK 99503-4116

(907) 565-8330 or (800) 478-4450 (toll free)

## COBRA SELF-PAYMENT – ACH WITHDRAWAL FORM

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

<b>C O M P L E T E</b>	NAME (LAST)		(FIRST)	(MI)	SOCIAL SECURITY NUMBER	
	DATE OF BIRTH / /	SEX M F	SINGLE _____ MARRIED _____	DIVORCED _____ WIDOW(ER) _____	TELEPHONE	
	MAILING ADDRESS			CITY	STATE	ZIP CODE

### 2. Coverage Election *[Please Mark Applicable Coverage; Choose ONE 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: \_\_\_\_\_

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**