

**JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY
COORDINATION OF BENEFIT PAYMENTS**

158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, NY 11365 1-718-591-2000

I, _____,

(Print Name)

Do not wish to receive holiday payments from the Additional Security Benefits Plan or the Vacation/Holiday/Unemployment Plan, as applicable. Please discontinue payments until further notice.

Do not want to coordinate the payment of benefits between the Health Reimbursement Account Plan and the Additional Security Benefits Plan or the Vacation/Holiday/Unemployment Plan and the Additional Security Benefits Plan relating to disbursements for unreimbursed medical expenses and vacation, holiday and unemployment benefits, respectively.

Date: _____

Name: _____
(Signature)

SS #: _____

Card #: _____