



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

158-11 HARRY VAN ARSDALE JR AVENUE · FLUSHING, NY 11365
TEL: (718) 591-2000 · FAX: (718) 928-6000 · www.jibe.org.

I, _____
Print Name

- Do not wish to coordinate the payment of any benefits with the Deferred Salary Plan. By checking this box, I understand that no benefit payments including Pension, Hospitalization and Benefit Plan (fka VHUP), will be issued from my 401k Plan account unless I specifically make application for them.

- Do not wish to receive holiday payments from the Additional Security Benefits Plan or the Pension, Hospitalization and Benefit Plan (fka VHUP), or the Deferred Salary Plan. Please discontinue payments until further notice.

- Do not want to coordinate the payment of benefits between the Additional Security Benefits Plan or the Pension, Hospitalization and Benefit Plan (fka VHUP) relating to disbursements for Pension, Hospitalization and Benefit Plan (fka VHUP) .

Date: _____ Name: _____
Signature

Participant ID #: _____ Card #: _____