

*Transit Employees'*



**HEALTH AND WELFARE PLAN**



2701 WHITNEY PLACE • FORESTVILLE, MARYLAND 20747  
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**Transit Employees Health and Welfare Benefits Deduction Form**

I \_\_\_\_\_ EN \_\_\_\_\_ hereby elect my health & welfare premium to be withheld:

**Weekly deductions:** (default) I understand that the health & welfare premiums will be due at the beginning of the coverage month. It will be deducted in four (4) installments ending on the pay date of the fourth pay period on the month prior to the coverage month.

For example, a monthly premium in the amount of \$351.29 due the first week of November 2012 will be deducted *approximately* as follows:

**Week 1** Oct. 17<sup>th</sup> \$87.84, **Week 2** Oct. 24<sup>th</sup> \$87.84, **Week 3** Oct 31<sup>st</sup> \$87.84 and **Week 4** Nov 7<sup>th</sup> \$87.77 final payment for the month of November.

\*Any arrears (unpaid balances) will be added to your normal weekly amount up to twice your normal weekly amount until the unpaid balance is paid in full.

**Monthly:** I understand that the health & welfare premiums will be due at the beginning of the coverage month. It will be deducted on the pay date of the fourth pay period of the month prior to the coverage month.

For example, a **monthly premium** in the amount of \$351.29 **due** the first week of November 2012 will be **deducted** Nov 7<sup>th</sup>.

\*Any arrears (unpaid balances) will be collected on a weekly basis up to the normal monthly premium until the unpaid balance is satisfied.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_