

# SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

P.O. Box 5057, San Jose, CA 95150 ❖ 1120 South Bascom Avenue, San Jose, CA 95128 ❖ (408) 288-4400 ❖ (800) 541-8059

## SUPPLEMENTAL RETIREMENT TRANSFER AUTHORIZATION TRANSFER FOR COBRA CONTINUATION COVERAGE

THIS FORM MUST BE COMPLETED IN FULL  
AN INCOMPLETE FORM WILL BE RETURNED TO YOU

**\*\*THIS AUTHORIZATION IS ONLY GOOD FOR ONLY ONE (1) MONTH PREMIUM\*\***

You must sign monthly as long as you want a transfer of funds for premium payments. By my signature below, I hereby authorize the Administration Office of Sacramento Area Electrical Workers Trust Fund to transfer payment in the amount of:

\_\_\_\_\_ from my account in the Supplemental Retiree Program as payment for COBRA continuation Coverage for the month of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**LOCAL OFFICE LOCATED AT:**  
2840 EL CENTRO ROAD, SUITE 114  
SACRAMENTO, CA 95833  
Ph 916-923-0666 fax 916-923-2553