

ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

March 13, 2020

**To: Pensioners, Surviving Spouses, and Surviving Children under the ILWU-PMA Pension Plan or ILWU-PMA Watchmen Pension Plan****Subject: Coronavirus Disaster Plan/Direct Deposit and EFT Notice for Pension Recipients**

The Coronavirus Disease 2019 (COVID-19) is rapidly changing the global picture, and the ILWU-PMA Benefit Plans Office (BPO) is preparing to handle business in case of an office closure. To ensure that benefits are administered timely and with minimal disruption, the BPO is taking necessary steps to continue the services relied upon in the event access is limited at our San Francisco office. One area of concern is for those who receive monthly Pension checks delivered to their home. It is unclear at this time as to whether the U.S. Postal Service will be operating at full capacity and able to pick up or deliver mail from the BPO if the situation was to worsen. Therefore, we encourage all Participants that don't currently have direct deposit to elect direct deposit/electronic fund transfers. This will ensure that they receive their pension checks on the first business day of each month.

Enclosed is a direct deposit/electronic fund transfer authorization form with instructions. You may also visit our website to download a blank Direct Deposit Form at [www.benefitplans.org](http://www.benefitplans.org). To expedite processing of this form, we suggest you complete it and fax it back to our office at 1-415-749-1321.

Please contact the Benefit Plans Office with any questions about the Direct Deposit Form at 1-415-673-8500.

A copy of this memo can be downloaded at [www.benefitplans.org](http://www.benefitplans.org).

cc: Area Welfare Directors

Enclosures

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**ILWU-PMA BENEFIT PLANS  
1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109  
TELEPHONE (415) 673-8500**

Dear Payee:

As an alternative to mailing you your monthly benefit, ILWU-PMA Benefit Plans (Plan office) is offering you the option of having your monthly pension check electronically deposited to your financial institution. Electronic Fund Transfer (EFT) is limited by law to those financial institutions which are banks, savings and loans, and credit unions. This is an optional program.

**WHAT IS EFT?**

With EFT, your pension benefit is sent electronically to your financial institution and credited directly to your account. There is no check printed or sent through the mail.

**WHAT ARE THE ADVANTAGES OF EFT?**

- Immediate and uninterrupted deposits during periods of absence from residence.
- Your pension benefit is credited to your account on the first banking day of each month.
- Reduced risk of loss, theft, or forgery of benefit checks.

In order to participate in EFT, complete Section 1 of the Electronic Fund Transfer Authorization Form. Have your bank complete Section 2 and send the completed form to the Plan office.

Prior to transmission of your initial EFT, you will receive an effective date notification at the home address you have on record with the Plan office.

**INFORMATION AND INSTRUCTIONS**

**PLEASE READ THIS CAREFULLY**

**WHEN TO USE THE ELECTRONIC FUND TRANSFER AUTHORIZATION FORM**

The authorization form should be filled out in full and signed by both you and an authorized official of your financial institution for the following purposes:

1. To sign up as a new enrollee.
2. To change Electronic Fund Transfer from checking to savings and vice versa.
3. To change Electronic Fund Transfer from one financial institution to another.
4. To change depositor account numbers within a financial institution.

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**WHEN WILL MY FIRST ELECTRONIC FUND TRANSFER TRANSACTION BE CREDITED TO MY ACCOUNT?**

Your first transaction may occur from 60 to 90 days after your request form is received by the Plan office. You will receive notice of deposit from the Plan office prior to the first transaction.

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Plan office and the financial institution of the death of the payee. Funds deposited after the date of death are to be returned to the Plan office. The Plan office will then make a determination regarding benefits payable and beneficiary's entitlement. Failure to notify the Plan office of the death of the payee could result in substantial liability to the account holder.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to the Plan office, by the death or legal incapacity of the payee, or cancelled by the Plan if benefits terminate in accordance with Plan provisions.

The agreement represented by this authorization may be cancelled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. The payee must immediately advise the Plan office if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Plan office.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

Your Electronic Fund Transfer will continue to be received by the selected financial institution until you notify the Plan office that you wish to change the financial institution receiving the Electronic Fund Transfer. To effect this change, you must complete a new Electronic Fund Transfer Authorization Form. It is recommended that you maintain accounts at both financial institutions until the process is complete and until the new financial institution has received your first Electronic Fund Transfer.

**PAYEE MUST KEEP THE BENEFIT PLANS OFFICE  
INFORMED OF ANY ADDRESS CHANGES**

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ILWU-PMA BENEFIT PLANS  
 1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109  
 TELEPHONE (415) 673-8500 FAX (415) 749-1321  
 www.benefitplans.org

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**ELECTRONIC FUND TRANSFER AUTHORIZATION**

TO SIGN UP FOR ELECTRONIC FUND TRANSFER, PLEASE READ THE BACK OF THIS FORM AND FILL IN THE INFORMATION REQUESTED IN SECTION 1. THEN TAKE OR MAIL THIS FORM TO YOUR FINANCIAL INSTITUTION. THE FINANCIAL INSTITUTION WILL VERIFY THE INFORMATION IN SECTION 1 AND WILL COMPLETE SECTION 2. **SEND THE COMPLETED FORM TO ILWU-PMA BENEFIT PLANS, 1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109.**

**PAYEE MUST KEEP THE BENEFIT PLANS OFFICE INFORMED OF ANY ADDRESS CHANGES.**

**SECTION 1 (TO BE COMPLETED BY PAYEE)**

<p>A Name of Payee (last, first, middle initial)</p>	<p>B Payee Social Security Number</p> <p style="text-align: center;">_____ - _____ - _____</p>
<p>Address (Street, Route, P.O. Box)</p>	<p>C Local and Registration Number</p> <p style="text-align: center;">_____ - _____</p>
<p>City State Zip Code</p>	<p>D Type of Depositor Account (Check One)</p> <p><input type="checkbox"/> FDIC Insured Checking Account</p> <p><input type="checkbox"/> FDIC Insured Savings Account</p>
<p>E Account Information</p> <p><b>You must enclose a personal voided check with your pre-printed name and address or deposit slip/letter from your financial institution indicating your account number, routing number, type of account (Checking or Savings).</b></p>	
<p style="text-align: center;"><b>PAYEE CERTIFICATION</b></p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited to my account.</p>	<p style="text-align: center;"><b>JOINT ACCOUNT HOLDER'S CERTIFICATION</b></p> <p>I certify that I have read and understood the information and instructions on this form, including the <b>SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</b></p>
<p>SIGNATURE OF PAYEE DATE</p> <p>PHONE NUMBER: (      )</p>	<p>SIGNATURE OF JOINT ACCOUNT HOLDER DATE</p>
<p>NAME AND ADDRESS OF JOINT ACCOUNT HOLDER</p>	

**SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

<p>Name and Address of Financial Institution</p>		<p>Bank Routing Number</p> <p style="text-align: center;">_____ - _____</p>	
<p>Branch Name and Number</p>	<p>Branch Telephone Number (      )</p> <p>Branch Fax Number (      )</p>	<p>Account Owners/Signers (must include Payee name)</p>	
<p><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> <p>I confirm the identity of the above-named payee(s) and the account number and account owners. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above. I also confirm the account listed above is FDIC Insured.</p>			
<p>Print or Type Representative's Name</p>	<p>Signature of Representative</p>	<p>Date</p>	