

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union –
Pacific Maritime Association www.benefitplans.org

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500
FAX (415) 749-1321

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

July 24, 2020

To: ILWU Oregon Locals 04, 08, 12, 21, 40, 50, 53, 92
ILWU Washington Locals 07, 19, 23, 24, 25, 27, 32, 47, 51, 52, 98

From: Mario Perez, Director of Benefit Plans

**Subject: Weekly Indemnity and Non-Industrial Disability Supplement Benefits -
Direct Deposit**

The attached letter and attachments will be sent out to Active ILWU-PMA Welfare Plan members in Oregon and Washington advising them of the option to elect to receive their payments electronically deposited to their bank account. Included is a form to elect this option.

Enclosures

cc: Andrea Stevenson, Area Welfare Director
Martha Hendricks, Area Welfare Director

A copy of this memo can be downloaded at www.benefitplans.org

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July 2020

To: Active ILWU-PMA Welfare Plan Participants Assigned to an Oregon or Washington Port

Re: Weekly Indemnity and Non-Industrial Disability Supplement Benefits – Direct Deposit

Beginning today, you may elect to have your Weekly Indemnity and Non-Industrial Disability Supplement benefit payments electronically deposited to your bank account. Once set up, payments will be deposited to your bank account on a weekly basis during the duration of your approved claim time period. Direct Deposit ensures that your benefit payment will be available to you, plus there is no chance of your check becoming lost in the mail. Attached is further documentation and a sample Weekly Indemnity Electronic Payment Authorization Form.

If you have any questions, please call the Coastwise Claims Office at 800-955-7376.

Attachments

ILWU-PMA Coastwise Claims Office

PO Box 429101, San Francisco, CA 94142

Fax (415) 801-4092; Tel (800) 955-7376

ILWUPMAWI@zenith-american.com

Dear Plan Participant:

As an alternative to mailing your Weekly Indemnity and Non-Industrial Disability Supplement benefit payments via check, you now have the option of having your Weekly Indemnity and Non-Industrial Disability Supplement benefit payment electronically deposited to your bank account. 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 Weekly Indemnity and Non-Industrial Disability Supplement benefit payments are 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 Weekly Indemnity and Non-Industrial Disability Supplement benefit payments are credited to your account weekly on Thursdays.
- Reduced risk of loss, theft, or forgery of indemnity payments.

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 Coastwise Claims Office (CCO).

**INFORMATION AND INSTRUCTIONS
PLEASE READ 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 in the following instances:

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.

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

Your first transaction will be direct deposited the week after your EFT form is received and processed by the CCO.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to the CCO, by the death or legal incapacity of the payee, or by the Plan upon loss of eligibility for Welfare Plan benefits in accordance with Plan provisions.

The agreement represented by this authorization may be cancelled by the financial institution by providing written notice 30 days in advance of the cancellation date. You must immediately advise the CCO if the authorization is cancelled by the financial institution. The financial institution cannot cancel the agreement by directly contacting the CCO.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

Your benefit payments will continue to be sent via EFT to your selected financial institution until you notify the CCO that you wish to change the financial institution. To effect this change, you must complete a new Weekly Indemnity Electronic Payment 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 EFT.

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Weekly Indemnity Electronic Payment Authorization Form

PLEASE NOTIFY THE COASTWISE CLAIMS OFFICE IF THERE ARE ANY CHANGES TO YOUR BANKING INFORMATION

PART A: PAYEE INFORMATION (TO BE FILLED OUT BY PAYEE)

Please Select

Authorization	NEW <input type="checkbox"/>	CHANGE <input type="checkbox"/>	Reg. Number	
Payee (Mbr) Name			Member Phone	
Address				
City		State		Zip
Contact Name <i>(If none put Self)</i>			Phone	
Email Address				

PART B: FINANCIAL INSTITUTION (TO BE FILLED OUT BY PAYEE)

Name of Financial Institution				
Address				
City		State		Zip
Telephone Number			Fax Number	

Please Select Type of Account

Type of Account	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
Bank Routing No	<input style="width: 90%;" type="text"/> <i>(Must be 9-Digits)</i>		
Account No	<input style="width: 90%;" type="text"/> Please attach proof of account information so this form can be processed (i.e., a voided check, deposit slip or executed letter from your financial institution written on its letterhead)		

FINANCIAL INSTITUTION CERTIFICATION

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 or NCUA insured.

Print or Type Representative's Name	Signature of Representative	Date

I authorize the ILWU-PMA Coastwise Claims Office to deposit by Electronic Funds Transfer (EFT credit entries), funds owed to me into the financial account listed above. This authorization will remain in effect until either party provides written notification of its termination.

Payee Signature _____ Date _____

