

**DIRECTION TO PAY MEDICAL INSURANCE PREMIUM TO  
ST. LOUIS GRAPHIC ARTS JOINT HEALTH AND WELFARE FUND  
BY PARTICIPANT IN ST. LOUIS GRAPHIC ARTS PENSION FUND**

I am a participant in the St. Louis Graphic Arts Pension Fund (the "Pension Fund") and am eligible to receive payment of my retirement benefit. I understand that I am entitled to receive the full amount of any payment due to me under the terms of the Pension Fund.

I promise to indemnify and hold harmless both the Pension Fund and St. Louis Graphic Arts Joint Health & Welfare Fund from any suits, claims or losses arising out of this assignment, such promise being binding on all beneficiaries, heirs and assigns.

I understand that this direction and assignment of payment is voluntary on my part and I may revoke it at any time by giving written notice to the Fund.

I hereby direct that the amount of my medical insurance premium, as determined under the St. Louis Graphic Arts Joint Health & Welfare Fund, be deducted from my retirement benefit payment and paid directly to St. Louis Graphic Arts Joint Health & Welfare Fund.

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I elect not to have my monthly medical insurance premium deducted from my retirement benefit payment for the following reason:

- I do not receive a retirement benefit from the St. Louis Graphic Arts Pension Fund.
- My retirement benefit is less than my monthly medical Insurance premium
- I am not retired.
- I am enclosing my Security Deposit of one month's Self-Pay Premium.

Participant Name (please print)	Social Security Number
Participant Signature	Date