

# Alaska United Food and Commercial Workers Trust Funds

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Administered by  
Labor Trust Services, Inc.

## AUTHORIZATION TO TERMINATE HEALTH INSURANCE COVERAGE AND PAYROLL WAGE DEDUCTION

I hereby request that my employer cease deducting the weekly employee contribution required for health coverage through the Alaska United Food and Commercial Workers Health and Welfare Trust.

When the deduction stops, I understand my coverage will end and I will not be able to re-enroll in the health plan until the next annual open enrollment period.

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Employee Name (print)

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I.D. number or last 4 digits of your Social  
Security Number

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Date of Birth

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Employee Address

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City State Zip

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Name of Employer

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Employee Signature

Date