ILWU-PMA BENEFIT PLANS /

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

PHONE (415) 673-8500

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

FAX (415) 749-1400

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

August 2, 2018

To: ILWU Longshore, Ship Clerk and Walking Boss/Foreman Locals

ILWU Watchmen Locals 26 & 75

From: Jacquie Gasparro, Manager, Pension Plans

Subject: ILWU-PMA Pension Plan & ILWU-PMA Watchmen Pension Plan-

New Direct Deposit Statement for Pension Recipients

Effective immediately all Pensioners and Survivors receiving a pension check by Electronic Fund Transfer (EFT) also known as Direct Deposit will receive individually a new monthly statement that states the deposit date into their approved account. A sample of the form of this notice is attached.

Please contact the Benefit Plans Office with any questions about the New Direct Deposit Statement for Pensioners.

cc: Area Welfare Directors

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

JG:ld/opeiu29,afl-cio/Pension Plans – Direct Deposit Statement – 08.01.2018

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ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

TO:

SAMORE

DATE:

July 2018

DIRECT DEPOSIT STATEMENT

DIV.	LOC. REG. NO.	NAME	SOC. SEC. NO.	PAYMENT DATE
13			XXX-XX-1234	08/01/2018

THIS MONTH

RETIREMENT BENEFITS				MEDICARE PREMIUM	FEDERAL W/H TAX	STATE W/H TAX	NET PAY
PENSION	SUPPL.	SPB/S	GROSS	REIMBURSEMENT	Will IACK	Will Izok	
7,400.00	-	-	7,400.00	218.00	657.71	265.73	6,694.56

YEAR-TO-DATE

RETIREMENT BENEFITS				MEDICARE PREMIUM	FEDERAL W/H TAX	STATE W/H TAX	
PENSION	SUPPL.	SPB/S	GROSS	REIMBURSEMENT	Williax	Williax	
58,090.00	0.00	0.00	58,090.00	1,744.00	5,290.11	2,052.58	

This is not a check for benefits. The Net Pay amount has been deposited into your bank account per the account information on file at the Benefit Plans Office.



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CHANGE OF ADDRESS FORM

FILL IN NEW ADDRESS AND MAIL TO:

ILWU-PMA BENEFIT PLANS 1188 FRANKLIN STREET, SUITE 101 SAN FRANCISCO, CA 94109

OR FAX TO: (415) 749-1321

Name	<i>A</i> .	
Street		
City	State	Zip
Signature Required		Date
Comments	G/kg	