

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) 749-1400

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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SAMPLE

TO:

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 REIMBURSEMENT	FEDERAL W/H TAX	STATE W/H TAX	NET PAY
PENSION	SUPPL.	SPB/S	GROSS				
7,400.00	-	-	7,400.00	218.00	657.71	265.73	6,694.56

YEAR-TO-DATE

RETIREMENT BENEFITS				MEDICARE PREMIUM REIMBURSEMENT	FEDERAL W/H TAX	STATE W/H TAX	
PENSION	SUPPL.	SPB/S	GROSS				
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.





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 _____

Street _____

City _____ State _____ Zip _____

Signature Required _____ Date _____

Comments _____

SAMPLE