

**CONTINUING ELECTION TO PAY  
FOR SOUTHERN TIER BUILDING TRADES WELFARE PLAN COVERAGE  
FROM INDIVIDUAL REIMBURSEMENT ACCOUNT**

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_

I hereby elect to use amounts credited to my individual Reimbursement Account under the Southern Tier Building Trades Welfare Plan (the "Plan") to pay for Plan coverage. This election applies for the calendar month after the month in which the Plan Office receives this election, and each month thereafter, provided that: (i) I am actually eligible to self-pay for coverage for that month under the terms and provisions of the Plan; and (ii) I have a Reimbursement Account balance as of the first day of that month. If my Reimbursement Account balance is less than the full amount I am required to self-pay, my entire Reimbursement Account balance will be used to partially pay for Plan coverage if the Plan Office receives my remaining self-payment amount by its due date.

I understand that I can revoke this election only by filing a revocation notice with the Plan Office and that the revocation will apply for the calendar month after the month in which the Plan Office receives the revocation notice, and each month thereafter. (Revocation Notices are available from the Plan Office.)

To file this election you must complete, sign and date this form, and deliver or mail it to the Plan Office, at 202 W. Fourth Street, Jamestown, NY 14701.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_