

Office & Professional Employees Locals 30 & 537 Trust Funds

Administered By: Benefit Programs Administration
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 463-5894 • www.opeiufunds.org
13191 Crossroads Parkway North, Suite 205, City of Industry, CA., 91746-3434

OPEIU LOCALS 30 & 537 RETIREMENT FUND VOLUNTARY CONTRIBUTION ELECTION PAYROLL DEDUCTION AUTHORIZATION

I hereby elect to make voluntary contributions to the Office & Professional Employees Locals 30 & 537 Retirement Fund, in the form of regular monthly payments from my salary but not to exceed 10% of the total compensation paid by my Employer after all applicable payroll taxes have been withheld.

I hereby authorize my Employer to make the necessary deduction each payroll period in accordance with the above, and remit my contributions with the monthly OPEIU Trust Funds Employer Report.

Amount to be deducted: \$ _____ each pay roll period.

Signature: _____

Print Name: _____

Social Security Number: _____

Date: _____

Employer: _____

Please sign two (2) copies, have your Employer retain one and send the second copy to the OPEIU Administrative Office at the above address.