

DIVISION 1181 A.T.U. – NEW YORK EMPLOYEES PENSION FUND
20 North Central Avenue, 3rd Floor, Valley Stream, N.Y. 11580
(718) 845-5800

March 17, 2020

Re: If there is an out-break of Corona Virus in Valley Stream

Dear Retiree:

As you are aware there is a major concern regarding the Corona Virus. Each day more and more people are tested positive for the virus. The New York City schools have already been closed along with restaurant, and other establishments.

I am writing you to inform you that in case the out-break becomes an issue in Valley Stream, and/or at the Fund Office, we may need to shut the Office down and make other means of functioning while the out-break is here.

Again, I want to stress this is only for precautionary measures. **Please be aware that if your monthly pension check is being generated manually and for some reason the office is shut down, your check will not be sent out on a timely basis.** To avoid any hardship that this may cause, you can elect to have your check sent electronically and to avoid any delay of your monthly pension check, kindly complete and sign the enclosed application to have electronic deposit, you can email the application to: nbongiorno@local1181atu.com or fax it to (718)845-0105. You can mail the completed application to the Fund Office, Attn: Pension Department, but depending on the mail service it may not arrive for your April's pension benefit.

If you have any questions, please do not hesitate to contact the Fund Office.

Very truly yours,



ROBERT D'ULISSE

Director

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20 NORTH CENTRAL AVENUE – 3RD FLOOR, VALLEY STREAM, NEW YORK 11580
(718) 845-5800 FAX: (718) 845-0105

AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Division 1181 A.T.U.-New York Employees Pension Fund (“Fund”) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated below, and this depository named below (depository) to credit and/or debit the same such accounts.

MEMBER’S BANK _____
PLEASE PRINT

BANK ADDRESS _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

CHECKING ACCOUNT # _____ SAVINGS ACCOUNT# _____
(ATTACH VOIDED CHECK)

To be completed by member’s bank

TRANSIT/ABA NO. _____

This authority is to remain in full force and effect until the Fund has received written notification from me of its termination in such time and in such manner as to afford the Fund and Depository a reasonable opportunity to act on it.

MEMBER’S NAME _____ SOCIAL SECURITY # _____
PLEASE PRINT

SIGNATURE: _____ PHONE #: _____

DATE: _____

PLEASE RETURN TO: _____