

Transportation • Communications • International Union
Los Angeles Metropolitan Transportation Authority
Health & Welfare Trust Fund

Administered By: Benefit Programs Administration
Telephone • (562) 463-5090 • (800) 427-5342
www.tcu-mtawelfare.org

**EMPLOYEE DEDUCTION AUTHORIZATION FORM FOR
MONTHLY PARTICIPANT & OR DEPENDENT CONTRIBUTIONS**

The Transportation Communications International Union Los Angeles Metropolitan Transportation Authority Health & Welfare Trust Fund (TCU-LAMTA Trust Fund) requires that Participants pay a monthly contribution to the Fund, in an amount determined by the Trustees, for each month of eligibility. In addition, if you have enrolled dependents (for Full Time Employees), the Fund requires that Participants pay an additional monthly contribution to the Fund which is also determined by the Trustees. By completing and signing this form, you are authorizing the MTA to deduct from your salary the necessary contributions due to the TCU-LAMTA Trust Fund.

Name: _____

Badge #: _____

Social Security #: _____

Signature: _____

Date: _____