

Retirees of the Goodyear Tire & Rubber Company Health Care Trust

Authorization for Automatic Deposit of Medicare Part B Reimbursement

Please print in blue or black ink.

Part 1- PARTICIPANT INFORMATION			
Last Name	First Name	MI	Social Security Number
Spouse's Name		Spouse SSN	
Street Address	City	State	Zip
Telephone Number			

Part 2 - BANK INFORMATION	
Name of Bank or Financial Institution	
Name as it appears on checking/ savings account	
Account from which you would like your payment to be automatically deposited: (check one)	
<input type="checkbox"/> Checking Account Please enclose a voided blank check (No starter checks and No deposit Slips)	<input type="checkbox"/> Statement Savings Account Please enclose a letter from your banking institution verifying your Savings Account Routing and Account number

Part 3- AUTHORIZATION FOR DIRECT DEPOSIT OF MEDICARE PART B REIMBURSEMENT	
<p>I hereby authorize the Goodyear Retiree Healthcare Trust to initiate a Direct Deposit to my account for the Medicare Part B reimbursement and authorize the financial institution to add such deposits to my account.</p> <p>I understand that in order to receive the Medicare Part B Reimbursement I must opt for direct deposit. Should I choose not to elect direct deposit I understand that I will no longer receive the Medicare Part B reimbursement.</p>	
Signature _____	Date _____

This completed authorization form should be sent to:

Goodyear Retiree Healthcare Trust
 60 Boulevard of the Allies, Fifth Floor
 Pittsburgh, PA 15222
 Fax: (412) 224-4465
 Email: gyveba@cadsadmin.com

****Attach a voided check if you are authorizing deposit to a checking account.****

****Attach a letter from your banking institution listing routing and account number if you are authorizing deposit into a Savings Account****

If you wish to terminate the Medicare Part B Reimbursement, please write to the Healthcare Trust at the above address.

RETIRES OF THE GOODYEAR TIRE & RUBBER COMPANY HEALTH CARE TRUST

60 Boulevard of the Allies, Fifth Floor, Pittsburgh, PA 15222 • (866)694-6477 • (412)224-4465 (Fax) • GRTTrust@cadsadmin.com