

# U.A. LOCAL NO. 343 TRUST FUNDS

PLUMBERS & STEAMFITTERS MANAGED HEALTH CARE TRUST FUND

U.A. LOCAL NO. 343 PENSION TRUST FUND  
U.A. LOCAL NOS. 343 & 355 DEFINED CONTRIBUTION PLAN

## U.A. LOCAL NO. 343 DEFINED CONTRIBUTION PLAN VOLUNTARY ELECTION

### OPEN ENROLLMENT – JUNE 2026

**THIS IS TO NOTIFY LOCAL NO. 343 DEFINED CONTRIBUTION PLAN PARTICIPANTS THAT THE OPEN ENROLLMENT PERIOD FOR MEMBERS TO CHANGE THEIR U.A. LOCAL NO. 343 VOLUNTARY DEFINED CONTRIBUTION 401(K) PENSION PLAN HOURLY CONTRIBUTION ELECTION WILL RUN FROM MONDAY, JUNE 1, 2026, THROUGH WEDNESDAY, JUNE 30, 2026.**

**ALL CHANGES WILL BECOME EFFECTIVE JULY 1, 2026. THIS WILL BE YOUR ONLY OPPORTUNITY TO CHANGE YOUR VOLUNTARY HOURLY CONTRIBUTION RATE FOR THE UPCOMING 2026-2027 PLAN YEAR, AS THERE IS ONLY ONE (1) OPEN ENROLLMENT PERIOD PER PLAN YEAR.**

If you wish to change your Voluntary Election, by increasing or decreasing your hourly 401(K) Contribution Rate, please complete the enclosed **"VOLUNTARY ELECTION AUTHORIZATION FORM"**.

The form will need to be completed in full and returned to the Trust Fund office, no later than June 30, 2026. If the form is not received in the Trust Fund office by June 30, 2026, it will not be processed.

IF YOU DO NOT INTEND TO INCREASE OR DECREASE YOUR VOLUNTARY CONTRIBUTION RATE, YOU DO NOT NEED TO COMPLETE THE FORM OR CONTACT THE TRUST FUND OFFICE.

Should you have any questions, please contact the Trust Fund Administrator, Paula Bailey, at 707.648.7066 or [pbailey@local343.org](mailto:pbailey@local343.org).

JUNE 1, 2026

220 Peabody Road, Vacaville, CA 95687  
(707) 648-7066



**PLUMBERS & STEAMFITTERS**  
**LOCAL UNION 343**  
**220 PEABODY ROAD**  
**VACAVILLE, CA 95687**  
**(707) 644-4071 EMAIL: [PBAILEY@LOCAL343.ORG](mailto:PBAILEY@LOCAL343.ORG)**



**U.A. LOCAL #343 DEFINED CONTRIBUTION  
VOLUNTARY ELECTION AUTHORIZATION FORM**

THIS IS TO NOTIFY LOCAL #343 THAT, IN ACCORDANCE WITH THE COLLECTIVE BARGAINING AGREEMENT, I WISH TO BE DISPATCHED AS FOLLOWS, FOR THE PURPOSE OF CONTRIBUTIONS TO BE MADE BY EMPLOYERS TO MY DEFINED CONTRIBUTION ACCOUNT, IN ADDITION TO THE \$3.00 MANDATORY REQUIRED PAYMENT.

**PLEASE CHECK ONE OPTION ONLY**

- NO DEDUCTION
- \$1.00 per hour for each hour worked at straight time, and \$1.50 per hour or \$2.00 per hour per applicable overtime rate.
- \$2.00 per hour for each hour worked at straight time, and \$3.00 per hour or \$4.00 per hour per applicable overtime rate.
- \$3.00 per hour for each hour worked at straight time, and \$4.50 per hour or \$6.00 per hour per applicable overtime rate.
- \$4.00 per hour for each hour worked at straight time, and \$6.00 per hour or \$8.00 per hour per applicable overtime rate.
- \$5.00 per hour for each hour worked at straight time, and \$7.50 per hour or \$10.00 per hour per applicable overtime rate.
- \$6.00 per hour for each hour worked at straight time, and \$9.00 per hour or \$12.00 per hour per applicable overtime rate.
- \$8.00 per hour for each hour worked at straight time, and \$12.00 per hour or \$16.00 per hour per applicable overtime rate.
- \$9.00 per hour for each hour worked at straight time, and \$13.50 per hour or \$18.00 per hour per applicable overtime rate.
- \$10.00 per hour for each hour worked at straight time, and \$15.00 per hour or \$20.00 per hour per applicable overtime rate.
- \$11.00 per hour for each hour worked at straight time, and \$16.50 per hour or \$22.00 per hour per applicable overtime rate.
- \$12.00 per hour for each hour worked at straight time, and \$18.00 per hour or \$24.00 per hour per applicable overtime rate.

I understand that this will take effect as of 07/01/2026 and will continue in effect until I notify you in writing of my intention to change or withdraw this authorization, and that such notice must be submitted during the month of JUNE of any calendar year and/or upon New Dispatch to New Contractor.

I further understand that this authorization applies to all jobs to which I am dispatched from this date forward until changed or withdrawn.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

S.S.#: \_\_\_\_\_  
(Last Four Digits Only)

\_\_\_\_\_  
Name (Please Print)

**WE MUST HAVE A SIGNED FORM ON FILE FOR YOU IF YOU DESIRE ADDITIONAL DEFINED CONTRIBUTIONS.**

**CURRENT EMPLOYER: \_\_\_\_\_ JUNE 2026 OPEN ENROLLMENT**

07/01/2026