

Health & Welfare Reciprocity Form
Millwright Work Within Ohio

Local #1241 Health & Welfare to Local #1871 Ohio Carpenters Health & Welfare Plan (Niles)

AUTHORIZATION TO TRANSFER CONTRIBUTIONS

NAME _____ SOCIAL SECURITY # _____
HOME ADDRESS _____ LOCAL UNION NO. 1871
_____ TELEPHONE _____

I hereby elect, to the extent that the Trustees of the Transferring Fund and the Trustees of my Home Health & Welfare Funds have executed agreements between them permitting the transfer of contributions, to have contributions paid on my behalf to the Transferring Fund remitted to my Home Funds.

HOME HEALTH & WELFARE FUND

NAME Ohio Carpenters Health & Welfare Fund
ADDRESS 6281 Youngstown Warren Rd., Ste. 240
Niles, Ohio 44446-4690

I understand that the Transferring Fund will act solely as the agent of the noted Home Funds and as such, I shall be subject to the eligibility rules of said Home Funds upon the transfer of contributions. I hereby release the Transferring Fund and its Trustees of and from all claims, demands, action, causes of actions or suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions.

TRANSFERRING HEALTH & WELFARE FUND

NAME Southwest Ohio Regional Council of Carpenters Health & Welfare Fund
ADDRESS P.O. Box 230
Niles, Ohio 44446

DATE SIGNED _____ SIGNATURE _____

INSTRUCTIONS:

1. Fill this form out completely
2. If you don't know the name of your Home Fund (where you want your contributions sent) or the Transferring Fund (where you are working out of town) check the reverse side of this form
3. Sign and date this form
4. Make sure to send this form to the *Transferring Fund*