

HEARTLAND HEALTHCARE FUND

3100 Broadway, Suite 805, Kansas City, MO 64111
Phone: (952)854-0795 | Toll Free: (800) 535-6373 | Fax: (816) 756-3659

Authorization to Transfer Employer Contribution under Reciprocity Policies

I, _____ (print full name), a member of Local Union
_____ (Home Union), understand that there is in effect a
Reciprocity agreement between my Home Union and _____ (Out-of-town Union).

I hereby authorize the Reciprocity agreement between the Home Union Fund and the Out-of-Town Union Fund,
for all employer contributions starting _____ (Transfer Date).

I understand that all contributions for my Health and Welfare are to be transferred to:
Heartland Healthcare, 3100 Broadway, Suite 805, Kansas City, MO 64111 (Home Union Fund Administrator)

The below stated Out-of-Town Union Fund Administrator will not have any responsibility for providing eligibility
for Health Care benefits. Contributions for the Health Care shall be administrated under the provision and in
accordance with my Home Union Heath & Welfare Plan.

This authorization shall remain in effect until I notify the Out-of-Town Union Fund Administrator in writing or the
Reciprocity Agreement between the two Funds is terminated.

Name and Address of Out-of-Town Union Fund Administrator

This authorization must be received by the Out-of-Town Union Fund Administrator.

Employee Signature

Date

Social Security Number

Date of Birth

Phone Number

Member Name

Member Address

City, State Zip

**RECIPROCITY REQUEST FORM
CONSTRUCTION INDUSTRY FUNDS OF ROCKFORD**

1322 E State St, Suite 300, Rockford, IL 61104 Phone: (800) 249-7947

Fund you want hours transferred TO:

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|---|
| Home Fund Name: Construction Industry Retirement Fund of Rockford |
| Home Fund Address: 6525 Centurion Drive |
| Home Fund City, State, Zip: Lansing, MI 48917-9275 |
| Home Fund Phone with area code: PH. (866) 266-9866 |

I, the undersigned, am a member of Local Union # 4 of the United Brotherhood of Carpenters & Joiners of America, in the state of _____.

I hereby request all contributions paid to your Fund(s) on my behalf for all hours worked, to be transferred to my Home Fund.

This authorization shall apply to:

Retirement Savings/Annuity Contributions Effective Date: ____/____/____

MEMBER INFORMATION

Social Security # - -

Birthdate ____/____/____

Request Date ____/____/____

| |
|-----------------------------------|
| Print Name: |
| Address: |
| City, State, Zip: |
| Phone with area code: () |
| Signature: |

TRANSFERRING FUND (where the hours were worked)

SEND COMPLETED FORM TO TRANSFERRING FUND

To the extent that any employer contributions are transferred and remitted to my HOME FUND in accordance with the above, I hereby release the respective contributing employers and the Trustees of the TRANSFERRING FUND of and from any further responsibility and liability with regard to payment of contributions so transferred and remitted, and with regard to providing coverage for benefits, including legal fees and costs, on behalf of myself, my dependents, and/or my survivors.