

Plasterers and Cabinet Makers Health Fund

3001 Metro Drive, Suite 500 | Bloomington, MN 55425 | 952.854.0795 | 800.535.6373

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:
Plasterers and Cabinet Makers Health Fund (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 provisions and in accordance with my Home Union Health & 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 needs to be received by the Out-of-Town Union Fund Administrator.

Name:	Social Security Number:
Date of Birth:	Phone Number:
Address:	

Signature

Date of Signature