

# Carpenters and Joiners Welfare Fund

3001 Metro Drive, Suite 500 · Bloomington, MN 55425  
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## Authorization to Transfer Employer Contributions Under Reciprocity Policies

1. I, \_\_\_\_\_, a member of Local Union # \_\_\_\_\_,  
(print full name)

or represented by CARPENTERS AND JOINERS WELFARE FUND, and normally covered for hospital, surgical and related insurance by and under the CARPENTERS AND JOINERS WELFARE FUND (hereinafter referred to as "HOME FUND") understand that there is, or will be, in effect a reciprocity agreement or policy between by HOME FUND and the following health and welfare fund covering the geographical area in which I have been or will be performing work (herein referred to as "Out-of-Town Fund"): \_\_\_\_\_.

2. I hereby authorize and direct, pursuant to the reciprocity policy or agreement in effect between my HOME FUND and the Out-of-Town Fund, that any employer contributions made on my behalf during the months of \_\_\_\_\_, 20\_\_\_\_ to such Out-of-Town Fund by my following employers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

pursuant to labor agreements entered into by or on behalf of such employers with Carpenter Local Unions and/or District Councils ("Union") be transferred and remitted to my HOME FUND whenever requested by the Administrative Manager of such HOME FUND.

3. To the extent that any employer contributions are transferred and remitted to my HOME FUND in accordance with Paragraph 2 above, I hereby release the respective contributing employers and the Union, referred to in Paragraph 2 above, as well as the Trustees of the remitting Out-of-Town 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.

**Duration:** This Authorization shall remain in effect until such time as the employee notifies the Administrative Manager of the HOME FUND.

**EMPLOYEE: PLEASE SIGN AND FORWARD THIS FORM TO THE OUT-OF-TOWN FUND**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number