

**Request for Transfer of Health & Welfare Contributions**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the provisions of the Reciprocity Agreement between your Fund and my Home Fund,

**Ohio Carpenters Health Fund  
PO Box 1257  
Troy, Michigan 48099-1257**

I hereby request that you transfer to my Home Fund the Health and Welfare contributions made in my behalf to your Fund during the period for which the Reciprocal Agreement remains in effect.

Following is the first employer(s) who have made or should have made contributions to your Fund covered by the Reciprocal Agreement:

<u>Employer(s) Name</u>	<u>Month(s) Employed</u>	<u>Hours Worked</u>
_____ <u>ALL</u> _____	_____ <u>ALL</u> _____	_____ <u>ALL</u> _____
_____	_____	_____
_____	_____	_____

I understand that if this request is approved and the transfer made, I shall no longer have any claim on your Fund for said contributions and/or for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Plan established by my Home Fund.

In consideration of your transferring said contributions in accordance with this request, I hereby release you and your successors from any future claim, by me and/or by anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Local Union #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_