|  |  |
| --- | --- |
| Qr code  Description automatically generated | Authorization for Transfer of ContributionsReciprocity – Home Fund |
| 200 S. Madigan Drive, Lincoln, IL 62656 • (217) 732-1919 • Toll Free (866) 732-1919 • Fax (217) 732-7799 |

***Complete this form and email it to****reciprocity@cichealth.org****. Please print clearly using black or blue ink.***

|  |
| --- |
| SECTION 1: Member Information  |
|  |  |  |  |  |  |  |
| First Name |  | Middle Name |  | Last Name |  | Social Security # |
|  |  | / / |
| Mailing Address: Street, City, State, Zip Code |  | Birthdate (MM/DD/YYYY) |
|  |  |  |  |  |
| Cell Phone Number |  | Local Union # |  | Email Address |

|  |
| --- |
| SECTION 2: Home Fund Information |
| “Home Fund” is the Fund within the jurisdiction of your Local Union. List only the name of the Home Fund(s) to which you want contributions transferred. |
| Health and Welfare Home Fund | Central Illinois Carpenters Health and Welfare Trust Fund200 S. Madigan Drive, Lincoln, IL 62656 |
| Annuity (DC Plan) Home Fund | Central Illinois Carpenters Retirement Savings Fund 200 S. Madigan Drive, Lincoln, IL 62656 |

|  |
| --- |
| SECTION 3: Work Performed Outside of Home Fund Area |
| I am working for the following Company: |  | In the County of: |  | For Outside Local Union # |
|  |  |  |  |  |
| Beginning on the following date: |  | Ending on the following date: |
|  |  |  |

|  |
| --- |
| SECTION 4: Cooperating/Outside Fund Information |
| “Cooperating Fund” or “Outside Fund" is the Fund or Funds within the jurisdiction of the outside local union in which you are performing the work noted in Section 3. **List only the names of the Cooperating/Outside Funds.** |
| Health and Welfare Outside Fund |  |
| Annuity (DC Plan) Outside Fund |  |

|  |
| --- |
| SECTION 5: Authorization and Signature |
| *I hereby elect, to the extent that the Trustees of the above cooperating Outside Fund(s) and the Trustees of my Home Fund(s) have agreed, through the execution of the International Reciprocal Agreement, to have contributions paid on my behalf to the cooperating Outside Fund(s) sent to my Home Fund upon the receipt of my "Authorization for the Transfer of Contributions" form. I understand this request for transfer of contributions must be filed within 60-days following commencement of my temporary employment within the jurisdiction of the cooperating Outside Fund(s). This authorization and waiver shall continue until revoked by me in writing, delivered to the Home Fund(s) and to the Outside Fund(s).**I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating Outside Fund(s) and its Trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions. I understand that transferring contributions may negatively affect my eligibility.* |
|  |  |  |  |  |
| Member Signature |  | Date |  |  |