

**GENERAL INFORMATION FOR MEMBERS REQUESTING AUTHORIZATION TO
TRANSFER FORMS**

Dear Member:

Attached you will find a blank Application to Transfer Form as requested. Please be advised that this Form must be fully executed by you and a witness signature secured (anyone may act as a witness on your behalf). Your Health & Welfare and Pension hours (and Annuity when applicable) will not be transferred back to your Home Fund unless this Form is completed in full.

**When complete, please return this Form to my attention at the Fund Office.
1811 Spring Garden Street
Philadelphia, PA 19130**

So that we may process it and send the original on to the area designated. Please indicate in the space allotted for Outside Fund's name, etc., the Area in which you will be/are/have been working. That is, for example, Delaware, New Jersey, New York City, Washington, Etc.

If a Vacation Plan is in effect in the Area in which the work is being/was performed, forms must be secured directly from that Area (Fund) in order for you to receive payment. Your Home Fund **does not** handle Outside Funds Vacation Payouts. Although only one transfer form must be completed for each Area where work is performed (a one-time thing), Vacation Forms must be obtained by you each year that work is performed in an outside jurisdiction by contacting the Outside Fund directly and requesting that this Vacation Form be sent to you for completion. Vacation Forms are not mailed to you automatically by the Outside Fund.

Most Areas report to us on a calendar quarterly basis, that is, once every three months. These hours should appear on the following Work Record Card after receipt of payment.

On occasion hours do not correspond with the member's records. If this should occur please contact the Outside Fund in the jurisdiction involved directly, as we, in a reciprocal, act only as a third party on your behalf to accept payment and advise you of the hours reciprocated and credited to you. When you work in an outside jurisdiction you are working under that jurisdictions Collective Bargaining Agreement and therefore must handle any disputes or discrepancies you may have directly with that Outside Fund. You must deal directly with the Outside Fund if you feel there is a problem with your hours. The Outside Fund may require copies of your pay-stubs to substantiate your Claim.

If you should require any further assistance or have additional questions with regard to reciprocity, please feel free to contact me at the Fund Office. Thank You.

Yours truly,
CARPENTERS HEALTH & WELFARE FUND Of
Philadelphia & Vicinity

Eric Sheckler
Collections Manager

AUTHORIZATION TO TRANSFER FRINGE BENEFIT CONTRIBUTIONS

I normally work under the Collective Bargaining Agreement of my Home Local, which is affiliated with the Metropolitan District Council of Carpenters. My fringe benefit payments are normally paid by my Employers to the Metropolitan District Council's Health & Welfare and Pension Funds, Annuity and/or Savings Plan of Philadelphia. These Funds are therefore, my Home Funds. I expect to receive my benefits under their rules and regulations.

Because I am working (or have worked) in another District Council's area, contributions have been made for me to a Fund located outside my Home Area. I am requesting that you notify the following Outside Fund, with whom you have a Reciprocal Agreement, that contributions received because of my work there should be transferred back to my Home Fund in Philadelphia.

OUTSIDE FUND'S NAME:

ADDRESS:

LOCAL: PHONE #:

NAME & LOCATION OF JOB:

I understand that the transfer of payments will be retroactive one calendar year from the date this authorization is received by the Outside Fund. In consideration of the transfer of these monies I herewith waive **(except for Vacation Payments)** all rights, credits and benefits that I might have accrued as a result of the work I performed in the Outside Fund. This authorization shall continue until cancelled by me in writing.

NAME: LU#
(Please Print)

ADDRESS:

CITY: STATE: ZIP CODE:

SOCIAL SECURITY # PHONE #

SIGNATURE: DATE:

WITNESS SIGNATURE: