

IUPAT DISTRICT COUNCIL 51 HEALTH AND WELFARE PLAN

NOTICE AND REQUEST FOR RECIPROCAL EMPLOYER CONTRIBUTIONS

I, THE UNDERSIGNED, HEREBY REQUEST ALL HEALTH AND WELFARE CONTRIBUTIONS MADE ON MY BEHALF TO:

IUPAT DISTRICT COUNCIL 51 HEALTH AND WELFARE FUND

Zenith American Solutions, Fund Administrator

3 Gateway Center

401 Liberty Ave., Ste. 1200

Pittsburgh, PA 15222-1024

1-800-242-8923

BE TRANSFERRED IN ACCORDANCE WITH THE SIGNED RECIPROCAL AGREEMENT TO MY HOME LOCAL HEALTH AND WELFARE FUND OF (ALL INFORMATION REQUIRED):

IUPAT DISTRICT COUNCIL #: \_\_\_\_\_ LOCAL UNION #: \_\_\_\_\_

FUND NAME: \_\_\_\_\_

FUND ADMINISTRATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MEMBER'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

I UNDERSTAND THE RECIPROCATING FUND WILL ACT SOLELY AS THE AGENT OF THE HOME FUND AND, AS SUCH, I SHALL BE SUBJECT TO THE ELIGIBILITY RULES OF MY HOME FUND UPON TRANSFER OF CONTRIBUTIONS. ON BEHALF OF MYSELF AS WELL AS ON BEHALF OF ANYONE CLAIMING THROUGH ME, I HEREBY RELEASE AND DISCHARGE THE RECIPROCATING FUND AND ITS TRUSTEES OF AND FROM ALL CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION, OR SUITS WITH RESPECT TO ANY CONTRIBUTIONS SO TRANSFERRED AND FOR ANY BENEFITS OR CREDITS WHICH WOULD HAVE ACCRUED OR BECOME PAYABLE TO ME HAD I NOT AUTHORIZED THIS TRANSFER OF CONTRIBUTIONS. I FURTHER RECOGNIZE THE TRANSFER OF CONTRIBUTIONS TO MY HOME FUND MAY OR MAY NOT ULTIMATELY PROVE TO BE TO THE ADVANTAGE OF MYSELF AND/OR MY BENEFICIARIES.

\_\_\_\_\_

DATE

\_\_\_\_\_

EMPLOYEE SIGNATURE