



**RECIPROCITY TRANSFER REQUEST
AND CONSENT FORM**

I, _____, am a member of Local Union # _____, which participates in the:
(Print Name)

Name of Fund _____

Address of Fund _____

(herein after referred to as my "Home Fund".) I understand that there is in effect a Reciprocity Agreement between my Home Fund and the **Wisconsin Laborers' Health Fund** covering contributions made to the Wisconsin Laborers' Health Fund for work performed by me while working within the geographical area covered by it.

I hereby authorize and request the transfer of all employer contributions made in my behalf from the Wisconsin Laborers' Health Fund to my Home Fund pursuant to the terms of the reciprocity agreement. This authorization and request is to apply to the contributions made in my behalf to the Wisconsin Laborers' Health Fund beginning effective _____, 20__ and to contributions made on my behalf to the Wisconsin Laborers' Health Fund by any other employers for whom I may work while this authorization and request is in effect.

I hereby release any fiduciaries and all others involved in or connected with said transfer from any and all liability which they might incur by reason of any loss or damages resulting to me or my successors, heirs or assigns by reason of or as a result of said transfer. I specifically understand that the transfer of contributions hereby authorized may not work to my best advantage.

This authorization and request shall remain in full force and effect unless I notify the Trustees of the Wisconsin Laborers' Health Fund, in writing, of my desire to revoke it, in which case this authorization and request shall terminate on the last day of the month in which such notice is received by the Wisconsin Laborers' Health Fund.

Name

Social Security Number

Address

City State Zip

Date of Birth

Local Union Number

Phone

Employee Signature

Date