

HEALTH AND WELFARE RECIPROCITY TRANSFER REQUEST

Name _____
(Last) (First) (Middle)

Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Local Union Number _____

does herewith make application to:

for reciprocity of Health & Welfare contributions made in my behalf by the employer(s).

I hereby release any and all 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. This request shall be in effect until and unless I notify the transferring Local Union in writing of my desire to revoke this request.

My Home Fund where I wish my contributions transferred to is:

Ohio Conference of Plasterers and Cement Masons
33 Fitch Boulevard
Austintown, Ohio 44515

Signature _____ Date _____

