

# MASTER RECIPROCAL AUTHORIZATION FORM

Name (print) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(street) (city) (state) (zip)

Social Security Number \_\_\_\_\_ Member of Local Union No.: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present Home Pension Fund Name: \_\_\_\_\_

## **HOW THIS RECIPROCAL AUTHORIZATION FORM WILL AFFECT YOU**

If this election form is completed and received on or prior to June 30, 2005 by the Fund Office for the Participating Fund that you designate as your Home Pension Fund on Page 4, the following will be reciprocated to your Home Pension Fund: 1) all non-forfeited, non-vested contributions received by any Participating Fund which you check below as of the end of that respective Funds' Plan Year ending in calendar year 2003 (for example, April 30, 2003); and 2) all contributions received by any Participating Fund which you check below at any time after the beginning of that respective Fund's Plan Year which begins in calendar year 2003 (for example, May 1, 2003). Please note that all contributions received by any Participating Fund that you check below that became vested or were forfeited during the Participating Fund's Plan Year that begins in 2003, 2004 or 2005 will also be available for transfer if this Authorization Form is completed and returned before June 30, 2005.

If this election form is completed and received by the Fund office after June 30, 2005, only future contributions; and past non-vested and non-forfeited contributions for the two (2) year period prior to receipt of this form, will be reciprocated to your Home Pension Fund.

## **PARTICIPATING FUNDS - RECIPROCAL ELECTION**

### **CHECK THE BOX FOR EACH PENSION FUND WHERE YOU MAY HAVE PENSION CREDITS**

- Fund No. 1)  Ohio Local No. 1 Operative Plasterers and Cement Masons Pension Fund (Columbus)
- Fund No. 2)  Plasterers Local No. 1 Pension Fund (Cincinnati)
- Fund No. 3)  Operative Plasterers and Cement Masons Local 109 Pension Fund (Akron, Dayton, Portsmouth, Charleston and Wheeling, WV)
- Fund No. 4)  Operative Plasterers and Cement Masons Local 179 Pension Fund (Youngstown)
- Fund No. 5)  Operative Plasterers and Cement Masons Local 886/404 Pension Fund (Toledo and Cleveland (Local 80 Plasterers))
- Fund No. 6)  Cement Masons Local No. 524 Pension Fund (Cincinnati)



**YOU MUST COMPLETE THIS FORM AND RETURN IT TO YOUR HOME PENSION FUND OFFICE.**

- 1) If you have designated your Home Pension Fund to be Participating Fund No. 3, 4 or 5 above, please return this form to:

Compensation Programs of Ohio, Inc.  
33 Fitch Blvd.  
Austintown, Ohio 44515

- 2) If you have designated your Home Pension Fund to be Participating Fund No. 2 or 6 above, please return this form to:

Stoner & Associates  
205 West 4<sup>th</sup> Street  
Suite 225  
Cincinnati, Ohio 45202

- 3) If you have designated your Home Pension Fund to be participating Fund No. 1 above, please return this form to:

Qualified Benefits Management, Inc.  
77 West Elmwood Drive  
Centerville, Ohio 45459

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**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name

Home Pension Fund Designation: \_\_\_\_\_

## DETERMINATION OF HOME PENSION FUND

**Your Home Pension Fund will be one of the following:**

- If you are a member of a local union that is party to a collective bargaining agreement (other than the Ohio Highway/Heavy Municipal & Utility State Agreement which is also known as the "Heavy Highway Agreement") that requires contributions to any of the six Participating Funds listed on Page 1 of this Authorization Form, your Home Pension Fund shall be that Fund; or
- A Participating Fund in which you become vested as of July 1, 2004; or
- A Participating Fund that is not deemed to be your Home Fund under the two (2) preceding paragraph(s) may be designated as your Home Pension Fund if you can establish such Home Pension Fund status to the satisfaction of the Trustees of the proposed Home Pension Fund.

**ONCE YOU DECLARE A HOME FUND ON THIS FORM, EXCEPT IN LIMITED AND SPECIAL CIRCUMSTANCES (such as change in residence, availability of work, etc.), YOU MAY NOT CHANGE YOUR HOME PENSION FUND. If such special circumstances arise after completion of this Form, the following requirements must be met to make a change in your Home Pension Fund:**

- You must submit a request for a permanent change of Home Pension Funds to both your present Home Pension Fund and to the Participating Fund that you propose to designate as your new Home Pension Fund.
- That request must be on a form approved by the Board of Trustees of both the Participating Fund and your present Home Fund and be signed by you.
- That request must state the facts that you claim support your request to change your present Home Pension Fund. The Board of Trustees of the proposed new Home Pension Fund must approve that request.

The following are examples of how you may be affected if you sign this Authorization Form:

### Example 1

**Facts:** You are a member of the Operative Plasterers and Cement Masons Local 109. As of July 1, 2004, you already have a vested benefit in the Operative Plasterers and Cement Masons Local 179 Pension Fund ("Local 179 Fund") but are not vested in the Operative Plasterers and Cement Masons Local 109 Pension Fund (known as the "Local 109 Fund").

Currently, a portion of your work is performed pursuant to the Heavy Highway Agreement. Therefore, a portion of your contributions for such work will be deposited with a Participating Fund in a manner consistent with the Heavy Highway Agreement. The remaining portion of your contributions (for non-heavy/highway work performed in the jurisdiction of Local 132 (Columbus Area)) are made to the Ohio Local No. 1 Operative Plasterers' and Cement Masons' Pension Fund ("Local 1 Fund") pursuant to a collective bargaining agreement requiring such contributions. In this situation, your Home Pension Fund normally can only be the Local 109 Fund

(based upon your local union membership) or the Local 179 Fund (based upon your vested status).

If you do not complete and return this Authorization Form, your monies will stay in the Funds that originally received the contributions. However, this means you could receive two (2) different pension checks at the time of your retirement if you become eligible for benefits under both Plans. If you do not become vested in one of those Funds, you will lose the benefit of those contributions made to the Fund in which you do not vest. However, you may prevent multiple pensions if you complete and return this Authorization Form prior to July 1, 2005 using one of the following options:

- A) If you designate the Local 109 Fund as your Home Pension Fund and you complete and return this Form and it is received by the Fund Office for the Participating Fund that you designate as your Home Pension Fund prior to July 1, 2005, you could have all past non-vested and non-forfeited monies (and monies that became vested or were forfeited during the

continued ▶

2003-2005 Plan Years of the respective Fund) and all future contributions made to any of the Participating Funds reciprocated to the Local 109 Fund;

- B) If you designate the Local 179 Fund as your Home Pension Fund and you complete and return this Form and it is received by the Fund Office for the Participating Fund that you designate as your Home Pension Fund prior to July 1, 2005, you could have all past non-vested and non-forfeited monies (and monies that became vested or were forfeited during the 2003-2005 Plan Years of the respective Fund) and all future contributions made to any of the Participating Funds reciprocated to the Local 179 Fund.

### Example 2

Facts: You are a member of the Operative Plasterers and Cement Masons Local 179. As of July 1, 2004, you already have a vested benefit in the Operative Plasterers and Cement Masons Local 886/404 Pension Fund ("Local 886/404 Fund") but are not vested in the Local 179 Fund.

Currently, a portion of your contributions (for non-heavy highway work performed in the jurisdiction of Local 179) are made to the Local 179 Fund. The remaining portion of your contributions (for non-heavy highway work performed in the jurisdiction of Local 404) is made to the Local 886/404 Fund. In this situation, your Home Pension Fund normally can only be the Local 179 Fund (based upon your local union membership) or the Local 886/404 Pension Fund (based upon your vested status).

If you do not complete and return this Authorization Form, your monies will stay in the Funds that originally received the contributions. However, this means that you could receive two (2) different pension checks at the time of your retirement if you become eligible for benefits under all Plans. If you do not become vested in one of these Funds, you will lose the benefit of those contributions made to the Fund in which you do not vest. However, you may prevent multiple pensions if you complete and return this Authorization Form prior to July 1, 2005 using one of the following options:

- A) If you designate the Local 179 Fund to be your Home Pension Fund, complete and return this Form and it is received by the Fund Office for the Participating Fund that you designate as your Home Pension Fund prior to July 1, 2005, you could have all past non-vested and non-forfeited monies (and monies that became vested or were forfeited during the 2003-2005 Plan Years of the respective Fund) and all future contributions made to any of the Participating Funds reciprocated to the Local 179 Fund;
- B) If you designate the Local 886/404 Fund as your Home Pension Fund and you complete and return this Form and it is received by the Fund Office for the Participating Fund that you designate as your Home Pension Fund prior to July 1, 2005, you could have all past non-vested and non-forfeited monies (and monies that became vested or were forfeited during the 2003-2005 Plan Years of the respective Fund) and all future contributions made to any of the Participating Funds reciprocated to the Local 886/404 Fund.

**DESIGNATION OF HOME FUND AND RECIPROCITY AUTHORIZATION**

In order to receive pension related credit in my Home Pension Fund while working outside its jurisdiction, I hereby authorize the Participating Fund(s) that I have checked on Page 1 that receive contributions for my hours worked within the area covered by that Fund to transfer such hours and a corresponding amount of contributions to the Home Pension Fund. I hereby direct that all eligible non-forfeited, non-vested monies currently residing in the Funds that I have checked on Page 1 be transferred to the Home Pension Fund that I have designated below. However, I understand that if any of these contributions are vested or have been forfeited due to a Break-In-Service, as defined by the rules of said Fund(s), on or before the respective Plan Year for that Fund ending in calendar year 2003, such contributions will not be transferred pursuant to this Authorization and/or the Master Reciprocity Agreement between my Home Fund and the other Participating Fund(s). However, all contributions received by any Participating Fund that you check on Page 1 that became vested or were forfeited during the Participating Fund's Plan Year that begins in 2003, 2004 or 2005 will also be available for transfer if this Authorization Form is completed and returned before June 30, 2005. By signing this Authorization Form, I also authorize my Home Fund to accept and apply these transferred hours and contributions pursuant to its rules, including but not limited to, any rules that may take into consideration any difference in contribution rates between the above Funds and my Home Pension Fund.

I hereby execute this Authorization Form with full knowledge and understanding that the monies to be transferred pursuant to this Authorization Form may entitle me to a different or lesser pension benefit from my Home Fund than the benefit which I may have been entitled to from the Fund that is transferring contributions or money to my Home Fund. I expressly waive, on behalf of my spouse and/or other dependents, any and all claims related directly or indirectly to any such difference in pension benefits. For hours and contributions transferred pursuant to this Authorization, I also waive, on my behalf and on behalf of my spouse and/or other dependents, any claim(s) to any benefits from the above Participating Fund(s) and release those Fund(s) and their trustees from any and all liability for the same.

Except as otherwise provided herein and by the Master Reciprocity Agreement between the above-named Participating Funds, the effective date of this Authorization shall be the first day of the month in which this signed authorization is received by the Administrative Manager of the Participating Fund(s) that I have checked above. This Authorization is voluntarily given by me and shall remain in full force and effect until the last day of the month in which my written request to cancel this Authorization is received by the Administrative Manager of the respective Participating Fund. Such Authorization shall supersede and replace any prior reciprocal authorizations which I previously filed with any of the Participating Fund identified by me. I understand that, if I do not complete and execute this Authorization Form, any prior reciprocity authorizations completed by me shall remain in effect, to the extent it complies with the current reciprocity rules and regulations of the Participating Funds involved.

Based upon my review and understanding of this Master Reciprocal Authorization Form (including my review of the instructions and examples set forth in both parts of this Authorization Form on Pages 1-4), I hereby designate the following to be my Home Pension Fund:

\_\_\_\_\_  
**Name of Designated Home Pension Fund**

Signature \_\_\_\_\_

Date \_\_\_\_\_

YOU MUST COMPLETE THIS FORM AND RETURN IT TO YOUR HOME PENSION FUND OFFICE.

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Austintown, Ohio 44515

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Stoner & Associates  
205 West 4<sup>th</sup> Street  
Suite 225  
Cincinnati, Ohio 45202

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Qualified Benefits Management, Inc.  
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Centerville, Ohio 45459

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Name

Home Pension Fund Designation: \_\_\_\_\_