



200 S. Madigan Drive, Lincoln, IL 62656 • (217) 732-1919 • Toll Free (866) 732-1919 • Fax (217) 732-7799

Complete this form and email it to reciprocity@cichealth.org. Please print clearly using black or blue ink.

SECTION 1: Member Information

_____	_____	_____	_____
First Name	Middle Name	Last Name	Social Security #
_____			____/____/____
Mailing Address: Street, City, State, Zip Code			Birthdate (MM/DD/YYYY)
_____	_____	_____	
Cell Phone Number	Local Union #	Email Address	

SECTION 2: Home Fund Information

"Home Fund" is the Fund within the jurisdiction of your Local Union.

List only the name of the Home Fund(s) to which you want contributions transferred.

Health and Welfare Home Fund	Central Illinois Carpenters Health and Welfare Trust Fund 200 S. Madigan Drive, Lincoln, IL 62656
Annuity (DC Plan) Home Fund	Central Illinois Carpenters Retirement Savings Fund 200 S. Madigan Drive, Lincoln, IL 62656

SECTION 3: Work Performed Outside of Home Fund Area

_____	_____	_____
I am working for the following Company:	In the County of:	For Outside Local Union #
_____	_____	_____
Beginning on the following date:	Ending on the following date:	
_____	_____	

SECTION 4: Cooperating/Outside Fund Information

"Cooperating Fund" or "Outside Fund" is the Fund or Funds within the jurisdiction of the outside local union in which you are performing the work noted in Section 3. List only the names of the Cooperating/Outside Funds.

Health and Welfare Outside Fund	_____
Annuity (DC Plan) Outside Fund	_____

SECTION 5: Authorization and Signature

I hereby elect, to the extent that the Trustees of the above cooperating Outside Fund(s) and the Trustees of my Home Fund(s) have agreed, through the execution of the International Reciprocal Agreement, to have contributions paid on my behalf to the cooperating Outside Fund(s) sent to my Home Fund upon the receipt of my "Authorization for the Transfer of Contributions" form. I understand this request for transfer of contributions must be filed within 60-days following commencement of my temporary employment within the jurisdiction of the cooperating Outside Fund(s). This authorization and waiver shall continue until revoked by me in writing, delivered to the Home Fund(s) and to the Outside Fund(s).

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating Outside Fund(s) and its Trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions. I understand that transferring contributions may negatively affect my eligibility.

_____	_____
Member Signature	Date