

# AUTHORIZATION FOR TRANSFER OF MEDICAL CONTRIBUTIONS

TO: BOARD OF TRUSTEES OF THE

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Pursuant to the provisions of the Reciprocal Agreement between your Fund and my Home Fund, Greater Pennsylvania Carpenters Medical Plan , 650 Ridge Road - Suite 300, Pittsburgh, PA 15205, I hereby make application to your Fund for transfer to my Home Fund of the contributions made in my behalf to your Fund during the calendar year \_\_\_\_\_.

Employer Name	Months Employed	Hours Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if this request is approved and the transfer made, I shall no longer have claim on your Fund for said contributions and/or for any benefits which otherwise might accrue under your Fund to my benefit or my survivors or beneficiaries based upon said contributions and that my eligibility for any benefits based on said contributions shall be determined solely in accordance with the provisions of the Plans established by my Home Fund.

In consideration of your transferring said contributions in accordance with this request, I hereby release you and your successors from any future claims, by me and/or anyone claiming through me, based upon said contributions or benefits which might have arisen had this requested transfer not been effected.

I also request that you consider this authorization as ongoing unless terminated prospectively by me giving written notice to your Fund.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

LOCAL UNION: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_