

Millwright Local 1421
Texas Carpenters Health Benefit Fund
Reciprocity Transfer Authorization and Request Form

Name: _____

Member of Local Union # _____

Address: _____

Social Security No.: _____

Away Funds:

**Texas Carpenters & Millwrights Fringe Benefit Fund
c/o Zenith Administrators
1300 South Meridian, Suite #200
Oklahoma City, Oklahoma 73108
1.866.309.0330**

Home Funds:

Contributions should be transferred for **Health & Welfare Fund**

I hereby request and authorize the Board of Trustees of the above designated Away Fund to transfer all Pension/Retirement and/or Health & Welfare contributions actually received on my behalf to the Board of Trustees of the above-designated Home Fund.

I understand and agree that I will not participate in the Away Fund, will not receive credits or benefits under the Away Fund, and waive any and all rights I may have with respect to the Away Fund. The Away Fund does not guarantee collection of contributions due on my behalf, but rather only agrees to transfer to my Home Fund whatever contributions are actually received (under the Away Fund's rules and regulations and at its contribution rates). The Away Fund also makes no promises concerning any benefits I may be entitled to under the Home Fund, and is not responsible for how the Home Fund credits or administers the transferred contributions. The Away Fund shall in no event be considered a contributing employer to the Home Fund. Accordingly, I hereby agree, on behalf of myself and my dependents, beneficiaries, heirs, administrators, and assigns, to hold the Away Fund and the Trustees of the Away Fund harmless from any and all claims, causes of action, or damages which might result from this transfer authorization or any related acts or omissions.

I also understand and agree that any benefits I am entitled to under my Home Fund will be dependent upon the Rules and Regulations of my Home Fund, the contribution rate in effect for my Home Fund from time to time, and the amount of contributions actually received. The Home Fund shall have no obligation to collect contributions for work performed outside of its jurisdiction, shall not be required to credit my hours worked unless and until it actually receives the transferred contributions, and shall credit me according to the Home Fund's contribution rate then in effect, even if this results in less credit for me than the full number of hours actually worked in the jurisdiction of the Away Fund. I, on behalf of myself and my dependents, beneficiaries, heirs, administrators, and assigns, hereby release the Home Fund and the trustees of the Home Fund from any and all claims, causes of action, and damages which relate to the transfer of contributions or this authorization to so transfer.

The provisions of the United Carpenters and Joiners of America International Reciprocal Agreement for Carpenters Pension Funds (including both Exhibits A and B thereof) and the United Brotherhood of Carpenters and Joiners of America Master Reciprocal Agreement for Health and Welfare Funds, as applicable, are hereby incorporated by reference.

This contribution transfer request and authorization shall remain in full force and effect so long as I work within the jurisdiction of the above-named Away Fund or until I notify the Away Fund Administrator in writing that I desire to revoke it.

(This form must be signed and dated within 60 days of commencing employment in jurisdiction of AWAY FUND unless AWAY FUND Administrator grants exception)

Signature _____ Date _____