

**HEALTH & WELFARE RECIPROCITY AGREEMENT**

**Request and Authorization for Transfer of Contributions**

\_\_\_\_\_  
Participant Name (*Please print*)

\_\_\_\_\_  
Social Security Number

I request and authorize the Board of Trustees of the Local ***PIPELINE*** Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on my behalf to its Fund hereafter and within twelve months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. \_\_\_\_\_ and my Union Register No. is \_\_\_\_\_.
2. My Home Health and Welfare Fund is \_\_\_\_\_.
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, myself and my dependents' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release. On behalf of myself and my dependents, any and all claims against both Funds and their fiduciaries relation to whether the transfer of contributions is in my or their best interests.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

**\*\*\*\*Mail original forms to\*\*\*\*  
IUOE and PIPE LINE EMPLOYERS H & W FUND  
5560 STERRETT PLACE, SUITE 205  
COLUMBIA, MD 21044**