



***International Union of Operating Engineers
and Pipe Line Employers
Health and Welfare Fund***



2625 Butterfield Rd, Ste 201W, Oak Brook, IL 60523
1-888-255-3863

Dear Sir/Madam:

We received your request for transfer of Health & Welfare contributions from our Fund to your Home Local's Health and Welfare Fund. In order to comply with your request, it will be necessary for you to complete the attached Transfer Authorization Form. If you do not know the name of the health and welfare fund to enter on line two, please state the local union you wish to transfer the hours too again. ***Do not enter Central Pension, Blue Cross Blue Shield (BCBS) or Zenith American Solutions as the home welfare fund.*** Review you completed form to verify the information that you have entered is correct. Make sure to enter your full social security number as this is used to identify the correct account. Any forms sent to us fax, incomplete or filled out incorrectly will result to a delay in having your contributions transferred.

The transfers are processed monthly and mailed to your Home Local's Health & Welfare Fund that you have requested on the form. If you have any questions, please contact the IUOE and Pipe Line Employers H & W Fund Office at 1-888-255-3863.

Sincerely,

IUOE and Pipe Line Employers H & W Fund Office

Enc.

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
2625 BUTTERFIELD RD, SUITE 201W
OAK BROOK, IL 60523**