

CARPENTERS HEALTH FUND OF WEST VIRGINIA

CHEMICAL VALLEY PENSION FUND OF WEST VIRGINIA

401 ELEVENTH STREET, SUITE 500, HUNTINGTON, WEST VIRGINIA 25701

(304) 525-0331

EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE

TO: THE PARTICIPATING HEALTH AND PENSION FUNDS RECEIVING CONTRIBUTIONS  
FOR WORK PERFORMED IN THE JURISDICTION OF LOCAL UNION NO. \_\_\_\_\_  
LOCATED \_\_\_\_\_

IN ORDER TO RECEIVE HEALTH AND/OR PENSION CREDITS WHILE WORKING  
OUTSIDE MY HOME FUND JURISDICTION, I HEREBY AUTHORIZE THE ABOVE  
IDENTIFIED HEALTH AND/OR PENSION FUND TO RECEIVE ALL CONTRIBUTIONS FOR  
MY HOURS WORKED WITHIN THE AREA COVERED BY THE FUND(S) AND TO TRANSFER  
SUCH HOURS TO MY HOME FUND AT THE CONTRIBUTION RATE OF THE TRANSFERRING  
FUND IN ACCORDANCE WITH THE EXISTING RECIPROCAL AGREEMENT.

I HEREBY RELEASE ANY AND ALL FIDUCIARIES AND ALL OTHERS INVOLVED IN OR  
CONNECTED WITH SAID TRANSFER FROM ANY AND ALL LIABILITY WHICH THEY  
MIGHT INCUR BY REASON OF ANY LOSS OR DAMAGES RESULTING TO ME OR MY  
SUCCESSORS, HEIRS OR ASSIGNS BY REASON OF OR AS A RESULT OF SAID  
TRANSFER.

THIS REQUEST SHALL BE IN EFFECT FOR ALL PERIODS OF EMPLOYMENT WITHIN  
THE JURISDICTION OF THIS LOCAL UNION UNTIL AND UNLESS WRITTEN  
REVOCATION IS SUBMITTED TO THE TRANSFERRING LOCAL UNION.

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY # \_\_\_\_\_ HOME LOCAL UNION \_\_\_\_\_

I HEREBY AUTHORIZE TRANSFER OF: \_\_\_\_\_ HEALTH & PENSION CONTRIBUTIONS  
(MARK ONE ONLY) \_\_\_\_\_ HEALTH CONTRIBUTIONS ONLY  
\_\_\_\_\_ PENSION CONTRIBUTIONS ONLY

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_  
LOCAL UNION REPRESENTATIVE