



IRON WORKERS' Tri-State Welfare Fund

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Schaumburg, Illinois 60173
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tristateiron@groupadministrators.com



RECIPROCITY ELECTION FORM



I ELECT TO HAVE MY WELFARE CONTRIBUTIONS SENT TO MY HOME WELFARE FUND LISTED BELOW

PARTICIPANT INFORMATION (please print clearly)

Social Security Number

Home Local

Last Name

First Name

Middle

Home Address

City

State

Zip

Phone

Birth Date

EMPLOYEE AUTHORIZATION

I hereby authorize the transfer of contributions to my Home Fund as designated above, in accordance with the provisions of the applicable Iron Workers reciprocal agreement. I understand that transfers will be made for work performed no more than six (6) months prior to the authorized date below.

Please submit this form to the Fund Office address listed above.

Signature

Date

"Working exclusively for Union Iron Workers and their Families"



Iron Workers Local 498 Reciprocal Agreement

Authorization of Contributions Transfer

Iron Worker Information			
Name: (PRINT)		Date of Birth:	
Home Address:		Social Security #	
City State Zip		Home Local:	
Phone:		Member Book#:	

Authorization

HOME PENSION FUND NAME

FUND ADDRESS

I HEREBY ELECT OR DO NOT ELECT AS INDICATED BELOW, TO HAVE CONTRIBUTIONS WHICH ARE PAID ON MY BEHALF TO THE FOLLOWING FUNDS, TRANSFERRED TO MY HOME LOCAL. I UNDERSTAND THAT THIS AUTHORIZATION IS ONLY VALID WITH RESPECT TO THOSE COOPERATING FUNDS THAT HAVE EXECUTED AGREEMENTS WITH MY HOME FUND TO PERMIT THE TRANSFER OF CONTRIBUTIONS.

INDICATE YOUR DESIGNATION IN THE SPACE PROVEDED BELOW:

<input type="checkbox"/> Elect to have my Welfare contributions sent to my Home Fund (Tri-States Welfare Fund form must be completed as well)	<input type="checkbox"/> Do Not Elect to have my Welfare contributions sent to my Home Fund
<input type="checkbox"/> Elect to have my Pension contributions sent to my home fund	<input type="checkbox"/> Do Not Elect to have my Pension contributions sent to my Home Fund
<input type="checkbox"/> Elect to have my Annuity contributions sent to my Home Fund	<input type="checkbox"/> Do Not Elect to have my Annuity contributions sent to my Home Fund

I understand that the cooperating funds will act as the agent of the noted home funds and as such, I shall be subject to the eligibility rules of said home funds upon the transfer of contributions. I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating funds and their trustees of and from all claims, demands, causes of actions or suites with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me had I not authorized this transfer of contributions. I further recognize that the transfer of contributions to the noted Home Funds may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

Date Signed:

Member Signature:

Employer at time of reciprocity request:

IRON WORKERS' RECIPROCITY ELECTION FORMS
MID-AMERICA PENSION - MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY (SMA)

IMPORTANT! ONLY FILL OUT FOR FUNDS YOU WANT TO TRANSFER!

PLEASE NOTE: The completed form should be filed with the Mid-America Fund office within sixty (60) days following the beginning of employment.

Name: _____
 RECIPIENT LU#: _____
 PROCESSORS INITIALS: _____
 (INTERNAL USE ONLY) LETTER SENT? Y / N DATE SENT: _____

MID-AMERICA PENSION
<input type="checkbox"/> I do <input type="checkbox"/> I do not elect to have Pension (defined benefit) contributions sent to my Home Fund. *See below for more information

MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY (SMA)
<input type="checkbox"/> I do <input type="checkbox"/> I do not elect to have SMA (defined contribution) contributions sent to my Home Fund. *See below for more information

PARTICIPANT INFORMATION - (PLEASE PRINT)		
LAST NAME	FIRST NAME	MIDDLE
SOCIAL SECURITY #	CONTACT PHONE #	
	() -	
HOME ADDRESS	CITY / STATE / ZIP	
BIRTH DATE	HOME LOCAL UNION NO.	UNION BOOK NO.

EMPLOYEE AUTHORIZATION AND SIGNATURE
SUBJECT TO PROVISIONS
I hereby authorize transfer of contributions as noted above to my Home Fund as designated above, in accordance with the provisions of the applicable Iron Workers' reciprocal agreement. I further understand and agree that the Trustees of the Transferring Fund have no obligation apart from the forwarding of contributions in accordance with the request and, after the transfer is made, I no longer have any claim against the Transferring Fund for the contributions transferred or any benefits which otherwise might accrue to me or to my dependents, survivors or beneficiaries under the Transferring Fund's Plan based on the transferred contributions. I understand that my eligibility for benefits shall be based solely on the Eligibility Rules and Plan Provisions of my Home Fund. I (on behalf of myself as well as on behalf of anyone claiming through me) hereby release and discharge Trustees of the Transferring Fund and successors and assigns of and from all claims, demands, actions, causes of actions or suits with respect to any contributions so transferred. AND, THEREFORE, agree to hold Trustees of the Transferring Fund harmless from any claim which may be brought based on contributions paid to the Transferring Fund. *Under the International Reciprocal Agreement, the reciprocal transfer of Pension and Annuity funds must be accomplished within 60 days of receipt by the request of the member. The Trustees of the Iron Workers' Mid-America Pension and SMA Funds have expanded the window of reciprocity to 120 days.
Date Signed: _____ Signature: _____ Month Day Year (use full name)

QUESTIONS OR INQUIRIES: (708)474-9902 ext. #4 or (800)232-8029 ext. #4
PLEASE MAIL COMPLETED FORM TO: 2350 East 170th Street, P.O. Box 708, Lansing, IL 60438

EFFECTIVE: MARCH 2010

Iron Workers Local Union 498 ---- Official Worker Authorization

Please print

First Name: Middle Initial: Last Name:

Street Address:

City: State: Zip Code:

Date of Birth: Social Security Number :
(month - day - year)

Home Phone: Other Phone:

I hereby voluntarily recognize, authorize and designate Iron Workers Local Union 498 affiliated with the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, A.F.L. – C.I.O., (hereinafter called “the Union”) as my exclusive bargaining representative with any employer for whom I may be employed on all matters pertaining to rates of pay, hours of work, conditions of employment and all Collective Bargaining issues. This authorization shall remain in effect until such time as I submit a written revocation by USPS registered mail.

I hereby authorize any employer employing me to deduct from my wages any dues, fees or assessments in the amount lawfully required by the Union as may be outlined in the applicable Collective Bargaining Agreement to acquire or maintain current membership in the Union or a service fee in an amount established by the Union, which shall not exceed the amount of monthly dues, fees and or assessments required for membership as a fair share of the costs of union services provided. Also, the employer is to submit such dues, fees and assessments to the Union or as otherwise required by the Collective Bargaining Agreement.

This authorization shall be irrevocable for successive yearly periods and may be only revoked by giving written notice by USPS registered mail to the employer and Union not more than thirty (30) days prior to the end of such applicable yearly period or prior to the termination date of any Succeeding applicable Collective Bargaining agreement, whichever occurs sooner.

(Worker Signature) X Date:

I also voluntarily agree and authorize my employer to deduct from my wages an amount determined by the Union to be used for the Political Action and Education Committee of the union and also to submit such deductions to the Union or as otherwise required by the Collective Bargaining agreement. This authorization shall remain in effect until such time as I submit a written revocation by USPS registered mail.

(Worker Signature) X Date:

Dues, fees, assessments, contributions, or gifts to Iron Workers Local Union 498 are not deductible as charitable contributions for Federal Income Tax purposes. Dues, fee, assessments paid to Local Union 498, however, may qualify as business expenses and may be deductible as an “unreimbursed employee expense”, one of the miscellaneous job expenses that are deductible on Schedule A: Itemized Deductions for Form 1040.

Please return signed document to Iron Workers Local 498, 5640 Sockness Dr., Rockford, IL 61109