

CONNECTICUT CARPENTERS BENEFIT FUNDS
10 BROADWAY, HAMDEN CT 06518-2699
(203) 281-5511 / (800) 922-6026

RECIPROCITY REQUEST FORM FOR TRANSFER OF
HEALTH AND/OR PENSION AND/OR ANNUITY CONTRIBUTIONS

I normally work under collective bargaining agreements in effect in Connecticut. The Connecticut Carpenters Health Fund, the Connecticut Carpenters Pension Fund and the Connecticut Carpenters Annuity Fund are my Home Funds from which I expect to be eligible for benefits.

I plan to work outside Connecticut and contributions will be made on that work to other Funds (“Outside Funds”) of Unions affiliated with the United Brotherhood of Carpenters and Joiners of America. I request that, whenever possible, contributions received because of my work as a carpenter outside of Connecticut be transferred to my Home Funds.

NAME OF OUTSIDE FUNDS TO BE NOTIFIED - MUST BE COMPLETED

I know that there are strict limits on transferring contributions paid to Outside Funds before I sign this authorization. I intend this authorization to apply retroactively whenever possible.

In consideration of the transfer of monies, I herewith waive all rights, credits and benefits that I or my family or beneficiary might have received as a result of the work I performed outside Connecticut for which contributions were made to the Outside Funds. This authorization shall continue until cancelled by me in writing.

Your Name: _____

Your Local Union #: _____

Your Social Security #: _____

Your Date of Birth: _____

Your Home Address: _____

Your Signature: _____

Date: _____

Instructions: **Return everything to the Connecticut Carpenters Benefit Funds** (address above). We will forward copies to all of the Outside Funds you list.