

**HEALTH AND WELFARE
AUTHORIZATION AND REQUEST TO TRANSFER EMPLOYER CONTRIBUTIONS UNDER
RECIPROCITY AGREEMENTS**

I, _____ (print name), am a member of or represented by a Local Union which participates in the LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND, and is hereinafter referred to a my "Home Fund". The address of this Fund is 6525 Centurion Drive, Lansing, MI 48917.

I understand that there is, or will be, a reciprocity agreement between my Home Fund and the MICHIGAN LABORERS' HEALTH CARE FUND hereinafter referred to as "Out-of-Town Fund" covering contributions made to the latter named Fund for work performed by me while working within the geographic area by it.

I hereby authorize and request the transfer of employer contributions made in my behalf from the Out-of-Town Fund to my Home Fund pursuant to the terms of the reciprocity agreement. This authorization and request is to apply to the contributions made in my behalf to the Out-of-Town Fund by the following employers:

and to contributions made in my behalf to said Out-of-Town Fund by any other employers for whom I may work while this authorization and request is in force.

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, specifically understand that the transfer of contributions hereby authorized may not work to my best advantage.

This authorization and request shall remain in full force and in effect unless I notify the Trustees of the Out-of-Town Fund in writing of my desire to revoke it, in which case this authorization and request shall terminate on the last day of the month in which the Trustees of the Out-of-Town Fund receive such notice.

Participant Signature

Participant Social Security Number

Address (Street)

Local Union Number

Address (City, State, Zip Code)

Participant Date of Birth

Date