

**Ohio Laborers' District Council-Ohio Contractors' Association Insurance Fund
and the Laborers' District Council and Contractors' Pension Fund of Ohio**

TRANSFER REQUEST AND CONSENT FORM

The following information must be completed by the Employee:

Name: _____
Last Name First Name MI

Address: _____
Number & Street

City & State ZIP

Telephone Number: (____) _____

Social Security Number: _____ - _____ - _____

Member's Date of Birth _____

Local Union: _____

Home Fund: Ohio Laborers' District Council-Ohio Contractors' Association Insurance Fund and the Laborers' District Council and Contractors' Pension Fund of Ohio

Cooperating Fund: _____

Date Work Began in the Area of Cooperating Fund: _____
Month Day Year

Pursuant to the Reciprocal Agreement between the Home Fund and the Cooperating Fund, I hereby request that the Cooperating Fund transmit to my Home Fund any and all of the following contributions paid/hours reported on my behalf (Please check the appropriate box or boxes):

- Insurance Fund Contributions Pension Fund Contributions

I understand that I will no longer have a claim against the Cooperating Fund for any benefits. I also understand that my eligibility for any benefits based on such contributions will be determined solely in accordance with the benefits of my Home Fund.

I authorize this request in accordance with the terms of the Reciprocal Agreement between the Home Fund and the Cooperating Fund identified above.

Employee's Signature Date