# RECIPROCAL TRANSFER OF HOURS REQUEST

Mid-America Carpenters Benefits | Northern Illinois Region
Health, Pension, and Supplemental Retirement Fund
12 E. Erie St, Chicago, IL 60611
Phone: (312) 787-9455, opt 5 | Contributions Plan Fax: (312) 787-3212 | Email: reciprocity@macbenefits.org

| Office use only |
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***Print clearly using black or blue ink.***

## SECTION 1: PARTICIPANT INFORMATION

| Participant Full Name (Last, MI, First) | Full UID or Last 4 SSN | Local Union No. |
|---|---|---|
| | | |

| Mailing Address (Street, City, State, Zip) |
|---|
| |

| Email Address | Cell Phone Number |
|---|---|
| | |

## SECTION 2: OUT-OF-AREA FUNDS

*I am a member of or represented by the Carpenters Local Union as noted above and am normally covered under the Mid-America Carpenters Regional Council Health Fund, Pension Fund, and Supplemental Retirement Fund (Annuity Fund) (hereinafter referred to as "Home Funds"), located at 12 East Erie Street, Chicago, Illinois 60611.*

*It is my understanding that there is, or will be, in effect a reciprocity agreement or policy between my Home Funds and the following health, pension and supplemental retirement/annuity funds covering the geographical area in which I have been or will be performing work (hereinafter referred to as "Out-of-Area-Funds"):*

_____

_____

_____

## SECTION 3: AUTHORIZATION AND SIGNATURE

*I hereby authorize and direct, pursuant to the reciprocity policy or agreement in effect between my Home Funds and the Out-of-Area Funds, that any employer contributions made on my behalf pursuant to labor agreements entered into by or on behalf of such employers with Carpenters' Local Unions or Regional Council ("Union") be transferred and remitted to my Home Funds whenever requested by the Administrator of such Home Funds.*

*To the extent that any employer contributions are transferred and remitted to my Home Funds in accordance with SECTION 2, above, I hereby release the respective contributing employers and the Union, referred to in SECTION 2, above, as well as the Trustees of the remitting Out-of-Area Funds of and from any further responsibility and liability with regard to payment of contributions so transferred and remitted and with regard to providing coverage for benefits.*

X _____ _____

Signature of Participant | Date

**Submit your completed, signed form via the method most convenient for you:**

**MAIL/DROP-OFF** ▶ MACRC Benefit Fund Office, Attn: Reciprocity, 12 E Erie St, Chicago, IL 60611

**EMAIL** ▶ reciprocity@macbenefits.org

**FAX** ▶ (312) 787-3212