LABORERS'
BENEFITS · ST. LOUIS

Pension and Welfare Transfer Authorization (for Local 42 & 110 Members)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SSN: _____
Number and Street

_____ PHONE: _____
City State Zip

MEMBER OF LOCAL#: ☐ 42 ☐ 110 EMAIL: _____

This form authorizes any of the Fund(s) listed below to transfer all Welfare and Pension contributions paid on my behalf to the:
St. Louis Laborers' Welfare and Pension Funds

- Construction Industry Laborers' (Kansas City, MO)
- Greater Kansas City Laborers' Fringe Benefit Funds
- Laborers' Locals 100 & 397 (East STL & Granite City, IL)
- Southern Illinois Laborers'
- Central Laborers' Pension & Welfare (IL)
- Other: _____

(**Note:** For Pension Transfers: No transfers may be made covering periods of more than 1 year before the date you sign this Form.) THIS FORM IS SUBJECT TO CONDITIONS LISTED BELOW.
(**Note:** For Welfare Transfers: No transfers may be made covering periods of more than six (6) months before the date you sign this Form.) THIS FORM IS SUBJECT TO CONDITIONS LISTED BELOW.

SIGNED: _____ DATE: _____

This form can be mailed or faxed to the St. Louis Laborers' contacts listed below or emailed to ***benefits@stllaborers.com***

St. Louis Laborers' Welfare and Pension Funds
2357 59th St. -- St. Louis, MO 63110
stllaborers.com

Phone: 314-644-2777 Toll Free: 800-489-0228 Fax: 314-646-4440

PENSION TRANSFER AUTHORIZATION

In authorizing this transfer, the signer releases the Board of Trustees of the transferring fund, otherwise known as the guest fund, from any and all liability or claim by an employee or anyone claiming through him that the transfer of contributions may not work to his best interest. The signer further agrees that his eligibility for benefits and all other participant rights are governed by the terms of the home fund's pension plan and not by the terms of the fund's pension plan that is transferring contributions. The signer also expressly agrees that in computing pension credits earned as a result of transferred contributions, that his home fund may divide the total amount transferred from the "guest fund" by his home fund's rate of contribution and the quotient (result) shall be the number of hours for which he shall receive pension credits from his home fund. Fractions shall be rounded to the next half number.

WELFARE TRANSFER AUTHORIZATION

In authorizing this transfer, the signer releases the Board of Trustees of the transferring fund, otherwise known as the guest fund, from any and all liability or claim by an employee or anyone claiming through him that the transfer of contributions may not work to his best interest. The signer further agrees that his eligibility for benefits and all other participant rights are governed by the terms of the home fund's welfare plan and not by the terms of the fund's welfare plan that is transferring contributions. The signer also expressly agrees that in computing welfare eligibility as a result of transferred contributions, that his home fund may divide the total amount transferred from the "guest fund" by his home fund's rate of contribution and the quotient (result) shall be the number of hours for which he shall receive credit from his home fund.

This transfer authorization will remain in effect until revoked in writing by the employee or by the transferring fund or home fund under the terms of the Reciprocal Agreement.