

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

I, _____(print), am a member of or represented by a Local Union which participates in the ***MICHIGAN LABORERS' HEALTH FUND*** is hereinafter referred to as my "**Home Fund.**" The address of this fund is: 6452 Millennium Dr., Ste; 100, Lansing MI, 48917.

I, understand that there is, or will be, a reciprocity agreement between my Home Fund and DETROIT METRO AND VICINITY 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 covered 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 term 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:

_____ANY AND ALL_____

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, heirs or assigns by reason of or as a result of said transfer. I 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 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 such notice is received by the Trustees of the Out-of-Town Fund.

Signature: _____ Social Security No. _____

Address: _____

_____ Local Union No. _____1098_____

City: _____ Date of Birth: _____

Telephone # _____ Date signed: _____