HEARTLAND HEALTHCARE FUND

PO Box 909500 Kansas City, MO 64190
Phone: (952)854-0795 | Toll Free: (800) 535-6373 | Fax: (816) 756-3659

Authorization to Transfer Employer Contribution under Reciprocity Policies

I, _____ (print full name), a member of Local Union

_____ (Home Union), understand that there is in effect a Reciprocity agreement between my Home Union and _____ (Out-of-town Union).

I hereby authorize the Reciprocity agreement between the Home Union Fund and the Out-of-Town Union Fund, for all employer contributions starting _____ (Transfer Date).

I understand that all contributions for my Health and Welfare are to be transferred to:
Heartland Healthcare, PO Box 909500 Kansas City, MO 64190-9500 (Home Union Fund Administrator)

The below stated Out-of-Town Union Fund Administrator will not have any responsibility for providing eligibility for Health Care benefits. Contributions for the Health Care shall be administrated under the provision and in accordance with my Home Union Health & Welfare Plan.

This authorization shall remain in effect until I notify the Out-of Town Union Fund Administrator in writing or the Reciprocity Agreement between the two Funds is terminated.

_____

_____

_____
Name and Address of Out-of-Town Union Fund Administrator

<u>This authorization must be received by the Out-of-Town Union Fund Administrator.</u>

_____ _____
Employee Signature Date

_____ _____ _____
Social Security Number Date of Birth Phone Number

_____
Member Name

_____
Member Address

_____
City, State Zip