



**CARPENTERS DISTRICT COUNCIL OF KANSAS CITY
FRINGE BENEFIT FUNDS**

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REQUEST FORM FOR TRANSFER OF WELFARE FUNDS

This form is to be used by Carpenters who worked out of the area who are affiliated with Local Unions participating in the Carpenters' District Council of Kansas City & Vicinity Welfare Plan, otherwise know as the Home Fund.

To: BOARD OF TRUSTEES
(Fill in the name of the Fund to which contributions were made in your behalf)

Employer's Name _____
Job Location _____

TO THE OUTSIDE AREA FUND WHERE I WORKED:

I am a Member of Local Union # _____ of the United Brotherhood of Carpenters & Joiners of America. I expect to receive benefits under the rules and regulations of the Carpenters' District Council of Kansas City & Vicinity Welfare Plan, my Home Fund. I was a member of Local Union # _____ during the time I worked in your area.

Under the terms of the reciprocal agreement, I request that contributions received by you because of my work in your area be transferred to my Home Fund. I understand that no transfer will occur for work prior to the calendar year immediately preceding the year in which your fund receives a copy of this request, or no date prior to the effective date of the respective reciprocal agreement. I also request that all future contributions because of my work in your area be transferred to my Home Fund.

In consideration of the transfer of monies, I hereby waive all rights, credits and benefits that I might have accrued under your Health & Welfare Fund, as the result of my work in your area for which contributions are being transferred.

Name of Applicant (Printed) _____

Social Security Number _____

Address of Applicant _____

Date: _____

Signature _____