



IRON WORKERS'

Tri-State Welfare Fund

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Itasca, Illinois 60143
Toll-Free 866-463-9418
Fax 630-967-3080
www.tristatewelfarefund.com
tristate@abpa-tpa.com

RECIPROCITY ELECTION FORM

I elect to have my Welfare contributions sent to my Home Welfare Fund.

Member Information (please print)

Social Security Number _____ Home Local _____

Last Name _____ First Name _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Birth Date _____ Union Book No. _____

Member Authorization

I hereby authorize the transfer of contributions to my Home Fund as designated above, in accordance with the provisions of the applicable Iron Workers' reciprocal agreement.

I understand that no transfer will be made on any contributions for work prior to the date this completed form is received at The Tri-State Welfare Fund Office at the above address.

Signature _____ Date _____

"Working exclusively for Union Iron Workers and their Families"