



IRON WORKERS' Tri-State Welfare Fund

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Schaumburg, IL 60173
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Fax: 855-978-2331
www.tristatewelfarefund.com
tristateiron@groupadministrators.com

RECIPROCITY ELECTION FORM



I ELECT TO HAVE MY WELFARE CONTRIBUTIONS SENT TO MY HOME WELFARE FUND LISTED BELOW

PARTICIPANT INFORMATION (please print clearly)

Social Security Number

Home Local

Last Name

First Name

Middle

Home Address

City

State

Zip

Phone

Birth Date

EMPLOYEE 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 transfers will be made for work performed no more than six (6) months prior to the authorized date below.

Please submit this form to the Fund Office address listed above.

Signature

Date