



IRON WORKERS'

Tri-State Welfare Fund

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 Schaumburg, Illinois 60173
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 Fax 847-519-1979
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 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