



IRON WORKERS'

Tri-State Welfare Fund

20 N. Martingale Rd, Suite 290
 Schaumburg, Illinois 60173
 Toll-Free 844-395-4467
 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

"Working exclusively for Union Iron Workers and their Families"