



## Pension and Welfare Transfer Authorization (for Local 42 & 110 Members)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT#

\_\_\_\_\_  
CITY STATE ZIP PHONE: \_\_\_\_\_

MEMBER OF LOCAL#: 42 110 EMAIL: \_\_\_\_\_

- Construction Industry Laborers' (Kansas City, MO)
- Greater Kansas City Laborers' Fringe Benefit Funds
- Laborers' Locals 100 & 397 (East STL & Granite City, IL)
- Southern Illinois Laborers'
- Central Laborers' Pension & Welfare (IL)
- Other: \_\_\_\_\_

(Note: For Pension Transfers: No transfers may be made covering periods of more than 1 year before the date you sign this Form.)  
THIS FORM IS SUBJECT TO THE CONDITIONS LISTED BELOW.

(Note: For Welfare Transfers: No transfers may be made covering periods of more than six (6) months before the date you sign this Form.) THIS FORM IS SUBJECT TO THE CONDITIONS LISTED BELOW.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**This form can be returned via mail, fax, or email to the St. Louis Laborers' Funds.**

St. Louis Laborers' Welfare and Pension Funds - 2357 59<sup>th</sup> St., St. Louis, MO 63110

Phone: (314) 644-2777 • Toll Free: (800) 489-0228 • Fax: (314) 646-4400 • Email: [benefits@stllaborers.com](mailto:benefits@stllaborers.com)

### **PENSION TRANSFER AUTHORIZATION**

In authorizing this transfer, the signer releases the Board of Trustees of the transferring fund, otherwise known as the guest fund, from any and all liability or claim by an employee or anyone claiming through him that the transfer of contributions may not work to his best interest. The signer further agrees that his eligibility for benefits and all other participant rights are governed by the terms of the home fund's pension plan and not by the terms of the fund's pension plan that is transferring contributions. The signer also expressly agrees that in computing pension credits earned as a result of transferred contributions, that his home fund may divide the total amount transferred from the "guest fund" by his home fund's rate of contribution and the quotient (result) shall be the number of hours for which he shall receive pension credits from his home fund. Fractions shall be rounded to the next half number.

### **WELFARE TRANSFER AUTHORIZATION**

In authorizing this transfer, the signer releases the Board of Trustees of the transferring fund, otherwise known as the guest fund, from any and all liability or claim by an employee or anyone claiming through him that the transfer of contributions may not work to his best interest. The signer further agrees that his eligibility for benefits and all other participant rights are governed by the terms of the home fund's welfare plan and not by the terms of the fund's welfare plan that is transferring contributions. The signer also expressly agrees that in computing welfare eligibility as a result of transferred contributions, that his home fund may divide the total amount transferred from the "guest fund" by his home fund's rate of contribution and the quotient (result) shall be the number of hours for which he shall receive credit from his home fund.

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This transfer authorization will remain in effect until revoked in writing by the employee or by the transferring fund or home fund under the terms of the Reciprocal Agreement.

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