

Iron Workers Local 549-550 Fringe Benefit Funds
304-232-6230



Reciprocal Agreement Enrollment Card

Last Name (please print all information)		First Name	Middle Initial	Date of Birth
Home Address		City		State & Zip Code
Social Security No.	Home Phone No.	Local Union #	Membership #	

PLEASE COMPLETE ALL THREE SECTIONS

Elect Do Not Elect

To have my Pension Fund contributions remitted to my home fund. I have received and reviewed the schedules of benefits and regulations of the Iron Workers Local 549-550 Pension Plan.

Elect Do Not Elect

To have my Medical and Benefit Fund contributions remitted to my home fund. I have received and reviewed the schedules of benefits and regulations of the Iron Workers Local 549-550 Medical & Benefit Plan.

Some funds have signed a reciprocal agreement for Annuity/Security Fund contributions. **IF** your home fund has signed an annuity reciprocal agreement, complete the following:

Elect Do Not Elect To have my Security Fund contributions remitted to my home fund if my home fund is reciprocal.

THE FUND WHERE I WISH MY CONTRIBUTIONS TRANSFERRED TO IS _____

"In consideration for the agreement of the following funds to transfer to my Home Fund contributions made to them on my behalf, I hereby release the funds, and the Trustees of the Ironworkers Locals 549 and 550 Pension, Medical Benefit and Security Funds from any and all obligations, claims, demands and liability resulting from my request to transfer monies to my Home fund. I further waive any claim or right to any benefits I may have had or asserted under the above funds.

Month	Day	Year	(Do Not Print) Signature-use Full Name
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This card must be signed and returned to the Trust office within 30 days from date of commencing work in this plan's jurisdiction.

If you have **ANY** questions or need help completing this card, please call our office.

In regard to the Annuity/Security Funds, some funds are known as Annuity Funds and some are known as Security Funds.

Ironworkers Fringe Benefit Funds
2350 Main Street
Wheeling, WV 26003