



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

Serving the Laborers' District Council of Western Pennsylvania
Pension Fund, Welfare Fund and other affiliated Funds



12 EIGHTH STREET • SUITE 500 • PITTSBURGH, PENNSYLVANIA 15222
PHONE: 412-263-0900 • WEBSITE: www.lcfowpa.com

TRANSFER REQUEST AND CONSENT FORM

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Number and Street City State Zip

Soc. Sec.# _____ Phone: _____ Member of Local Union # _____

Working in Jurisdiction of Local # _____ Located at: _____
Number and Street City State Zip

Name of my Home Fund(s): _____

This authorizes the Laborers' District Council of Western Pennsylvania Welfare Fund and/or the Laborers' District Council of Western Pennsylvania Pension Fund ("Western Pennsylvania Funds") to initiate a transfer of any and all contributions paid on my behalf to the above named Fund(s). I hereby request a transfer of the following contributions: *(Please check the appropriate box or boxes.)*

Welfare Fund Contributions **Pension Fund Contributions**

I authorize this request in accordance with the terms of the Reciprocal Agreement(s) between the Western Pennsylvania Funds and my Home Fund(s) identified above. I understand that I will no longer have a claim against the Western Pennsylvania Funds for any benefits, which otherwise might accrue for my dependents, my survivors, or myself based upon such contributions. I also understand that my eligibility for any benefits based on such contributions will be determined solely in accordance with the Plan of Benefits of my Home Fund(s).

I understand that it is possible for benefits to be reduced or lost as a result of such a transfer although I believe the transfer will be to my advantage. In order to induce both of the Western Pennsylvania Funds to transfer contributions as I have requested, I waive, on behalf of my self and my dependents, heirs, beneficiaries and assigns, any claim for benefits which I or they may lose and which I or they would have been entitled to, but for the transfer of contributions, and I agree to hold both Western Pennsylvania Funds and their Trustees harmless from and to indemnify them against any and all claims and payments, including legal fees and costs, which they incur in connection with such a claim.

I understand that I may cancel this request prospectively, by giving written notice of such cancellation to the Western Pennsylvania Funds. I also understand that this request will automatically expire at the end of any period of three consecutive months in which I do not perform any work for which contributions are required to be paid to the Western Pennsylvania Funds.

Signature: _____ Date: _____

*See reverse side for additional information

For Calls Made in Pennsylvania but Outside Metropolitan Pittsburgh, Use Toll Free Number: 1-800-242-2538

FAX NUMBERS: Benefits Dept. – 1-412-263-2813 • Reports Dept. – 1-412-263-2825 • Administrative Dept. – 1-412-263-2084

EMAIL: Welfare Dept - benefits@lcfowpa.com • Pension Dept - pension@lcfowpa.com • Reports Dept – reports@lcfowpa.com

This information is designed to assist you in the completion of your Transfer and Consent Form. Should you have any questions, or require additional information, please contact the Laborers' Combined Funds for assistance at 1-800-762-1296.

The following section will answer commonly asked questions and help define the terms used throughout the Consent Form:

▪ **Member of Local Union:** The Laborers' Local Union that you are affiliated with, your Home Local Union.

▪ **Working in Jurisdiction of Local #:** This is the Local Union in whose jurisdictional area the project was performed.

▪ **Name of Reciprocating Fund(s):** This is the Laborers' District Council of Western Pennsylvania Welfare and/or Pension Funds to which your employer submitted your Welfare and Pension contributions. The Laborers' Combined Funds of Western Pennsylvania is the office that administers these Reciprocating Funds.

▪ **Welfare Contributions:** Refers to any and all Welfare contributions paid to the Reciprocating Fund by your employer on your behalf.

▪ **Pension Contributions:** Refers to any and all Pension contributions paid to the Reciprocating Fund by your employer on your behalf.

▪ **Home Fund(s):** Refers to the Welfare and/or Pension Funds, which provide benefit coverage to members of your Home Local Union.

*Please note in order to initiate a transfer of both Welfare and Pension contributions you must indicate your election in the appropriate area.

In order to ensure that the Laborers' District Council of Western Pennsylvania Welfare Fund and/or the Laborers' District Council of Western Pennsylvania Pension Fund reciprocate your contributions to your Home Fund(s) in a timely and accurate manner, you should submit a ***fully completed*** form any time you perform work within the thirty-three county Western Pennsylvania jurisdictional area of the Laborers' District Council of Western Pennsylvania. In order to use this form, you must be a current member of a Local Union that is not affiliated with the Laborers' District Council of Western Pennsylvania.

Please be advised that the signing of a *Transfer Request and Consent Form* does not automatically guarantee a transfer of contributions. A transfer of contributions between Fund Offices is contingent upon there being a signed Reciprocal Agreement between the Home Fund and the Reciprocating Fund.

A request to transfer contributions must be submitted in a timely manner. Typically, Fund Offices transfer contributions on a monthly basis.