



# Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

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



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## 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 Reciprocating Fund(s): \_\_\_\_\_

This authorizes my Home Funds, the Laborers' District Council of Western Pennsylvania Welfare Fund and/or Pension Fund to initiate a transfer of any and all contributions paid on my behalf to the above stated 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 Laborers' District Council of Western Pennsylvania Pension and Welfare Funds and the Reciprocating Fund(s) identified above. I understand that I will no longer have a claim against the Reciprocating Fund(s) 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 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 Funds and the Trustees of both Funds 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 Reciprocating Fund(s). 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 Reciprocating Fund(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*See reverse side for additional information

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 work was performed.
- **Name of Reciprocating Fund(s):** This is the name of the Fund or Fund Office to which your employer submitted your Welfare and Pension Contributions
- **Welfare Fund Contributions:** Refers to any and all Welfare contributions paid to the Reciprocating Fund by your employer on your behalf.
- **Pension Fund 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 Laborers' District Council of Western Pennsylvania Welfare and Pension Funds.

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

In order to ensure that your contributions are reciprocated to the Laborers' District Council of Western Pennsylvania Welfare and/or Pension Funds in a timely and accurate manner, you should submit a **fully completed** form any time you perform work outside 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 which is 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.