Ohio Laborers' District Council-Ohio Contractors' Association Insurance Fund and the Laborers' District Council and Contractors' Pension Fund of Ohio
800 Hillsdowne Road Westerville, OH 43081
Phone: (614) 898-9006 or (800) 236-6437 Fax: (614) 898-9176 Email: insurance@ohiolaborers.com

TRANSFER REQUEST AND CONSENT FORM

The following information must be completed by the Employee:

Name: _____
Last Name First Name MI

Address: _____
Number & Street
_____
City & State ZIP

Telephone Number: (_____)_____

Social Security Number: _____ -_____- _____

Member's Date of Birth _____

Local Union: _____

Home Fund: Ohio Laborers' District Council-Ohio Contractors' Association Insurance Fund and the Laborers' District Council and Contractors' Pension Fund of Ohio

Cooperating Fund: _____

_____

Date Work Began in the Area of Cooperating Fund: _____
Month Day Year

Pursuant to the Reciprocal Agreement between the Home Fund and the Cooperating Fund, I hereby request that the Cooperating Fund transmit to my Home Fund any and all of the following contributions paid/hours reported on my behalf (Please check the appropriate box or boxes):

☐ Insurance Fund Contributions ☐ Pension Fund Contributions

I understand that I will no longer have a claim against the Cooperating Fund for any benefits. I also understand that my eligibility for any benefits based on such contributions will be determined solely in accordance with the benefits of my Home Fund.

I authorize this request in accordance with the terms of the Reciprocal Agreement between the Home Fund and the Cooperating Fund identified above.

_____ _____
Employee's Signature Date

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