



OHIO OPERATING ENGINEERS

FRINGE BENEFIT PROGRAMS

1180 Dublin Road
 PO Box 12009
 Columbus OH 43212-0009
 614.488.0708

Carol A. Wilson
 Administrator

HEALTH & WELFARE TRANSFER AUTHORIZATION

 Participant Name (Please print)

 Social Security Number

I request and authorize the Board of Trustees of Local No. _____ Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on behalf to its Fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. _____ and my Union Register No. is _____.
2. If different from above, my Home Health and Welfare Fund is _____.
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, my and my dependents' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release, on behalf of myself and my dependents, any and all claims against both Funds and their fiduciaries relating to whether the transfer of contributions is in my or their best interests.

 Participant's Signature

 Date

 Street Address

 City, State, Zip

 Telephone

 Email



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PENSION TRANSFER AUTHORIZATION

 Participant Name (Please print)

 Social Security Number

Telephone: _____

Email: _____

Street Address: _____

City, State, Zip: _____

Your Union Register No. is _____

Your Date of Birth is _____

Your Home Local Number is _____

You are working in the Jurisdiction of Local Number _____

This authorizes the Pension Fund of Operating Engineers Local Number _____ to transfer any and all pension contributions paid to them by my employers, to the Pension Fund of Operating Engineers Local Number _____ (Home Local), in accordance with the terms of the applicable reciprocity agreements.

 Participant's Signature

 Date

Please Note: Transfers are handled on a monthly basis. We can only transfer hours and dollars that have been paid by your employer and recorded in the Fund Office at the time the transfer is made.

Transfers can only be made to or from Funds that have a signed reciprocity agreement on file. If we cannot honor your transfer request because of no agreement, you will be notified by mail.