

TRANSFER REQUEST AND CONSENT FORM

TO: BOARD OF TRUSTEES: North Central Illinois Laborers Health & Welfare Fund

I request that the contributions actually paid to your Fund by any of my employers be transferred to the Central Laborers' Welfare Funds. The Fund I have designated is my "Home Fund".

I understand that Personal Information, which includes my name, address, Social Security number, telephone numbers, email address, earnings/tax records, beneficiary information, eligibility status, benefit history, and amounts and/or value of benefits, may be transmitted to Central Laborers' Welfare Funds and I hereby authorize North Central Illinois Laborers Health & Welfare Fund to disclose such Personal Information to Central Laborers' Welfare Funds in accordance with a Reciprocal Agreement to which both Funds are party. I understand that I will no longer have a claim against your fund for any benefits which otherwise might accrue for myself, my dependents or my survivors, 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.

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 the Funds to transfer contributions as I have requested, I waive, on behalf of myself, my dependents, heirs, beneficiaries and assigns, any claim for benefits which I or they may lose and to which I or they would have been entitled but for the transfer of contributions, and I agree to hold both Funds and the Trustees of both Funds serving from time to time harmless from and to indemnify them against any and all payments, including legal fees and costs, which they incur in connection with such claim.

I understand that I may cancel this request at any time by giving you written notice of such cancellation. I also understand that this request will remain in effect until I revoke this transfer request in writing. My revocation shall be effective when received by the Central Laborers' Welfare Fund or the "North Central Illinois Laborers Health & Welfare Fund."

Date: _____, 20____

Name: _____

Social Security Number

Date of Birth _____

Address

Home Local _____

City, State & Zip

Signature _____

Telephone