

NEW JERSEY CARPENTERS PENSION FUND & NEW JERSEY CARPENTERS HEALTH FUND
RARITAN PLAZA II, P.O. BOX 7818, EDISON, NJ 08818-7818 (800) 624-3096

REQUEST FORM FOR TRANSFER OF HEALTH, PENSION AND ANNUITY MONIES

This form is to be used by New Jersey Carpenters that are affiliated with Local Unions participating in the New Jersey Carpenters Health, Pension and /or Annuity Funds, who have worked outside of the State of New Jersey and outside of the territory jurisdictionally covered by the New Jersey Regional Council of Carpenters.

Listed below are some of the areas where reciprocal agreements are in effect for the transfer of benefits. Please put a check mark next to any/all of the areas where you worked. If you do not see an area, local or Fund Office that corresponds to the territory where you may have worked, please fill in the corresponding information for said Fund Office in the designated area.

Please complete the bottom portion of this form and mail to New Jersey Carpenters Funds, Raritan Plaza II, P.O. Box 7818, Edison, NJ 08818-7818. Upon receipt of this completed form, we will forward a copy of same to the designated Funds Offices.

IMPORTANT: Once you have submitted a signed Transfer Request Form, the Fund Office can use the form each time you work in a new outside area. However, you must notify the Fund Office immediately when you go to work in different outside area. If you not check an area or provide either the name of Fund Office and or Local Union # of the area where you are working, the Transfer Form will be returned to you. This will delay the transfer of your benefits.

_____ NEW YORK CITY REGIONAL COUNCIL OF CARPENTERS

_____ EMPIRE STATE CARPENTERS FRINGE BENEFIT FUNDS

_____ CONNECTICUT CARPENTERS HEALTH FUND & PENSION FUND

_____ CARPENTERS HEALTH, WELFARE & ANNUITY FUNDS OF PHILADELPHIA

_____ OHIO CARPENTERS PENSION & WELFARE FUNDS

If you do not see the corresponding area where you worked listed above, please complete the following section:

Fund Name _____

Local Union _____

Address _____

Telephone _____

CERTIFICATION:

I am a member of New Jersey Local Union # _____ of the United Brotherhood of Carpenters and Joiners of America. Upon the transfer of my contributions I expect to receive benefits under the rules & regulations of the New Jersey Carpenters Health, Pension and/ or Annuity Funds. During the time that I worked in your area, I certify that I was a member of New Jersey LU # _____.

Under the terms of the reciprocal agreement, I request that contributions received by your Fund Office on my behalf, because of my work in your territory, be transferred to my Home Funds. I understand that no transfer will occur for work prior to the calendar year immediately proceeding the year in which your fund receives a copy of this request, or no date prior to the Effective Date of the respective reciprocal agreement. I also request that all future contributions because of my work in your area be transferred to my Home Funds. In consideration of the transfer of monies, I hereby waive (except for vacation payments) all rights, credits and benefits that I might have accrued, or would accrue, as the result of my work in your area for which contributions are being transferred.

NAME (PLEASE PRINT) _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ PHONE NO. _____

ADDRESS _____ CITY/STATE/ZIP _____

SIGNATURE _____ DATE _____