

THE BAC RECIPROCAL AGREEMENT

Local 55 OH Home funds

EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE

Please check all boxes that apply:

- T**  The participating defined benefit pension fund [Named \_\_\_\_\_] receiving contributions  
**R** for work performed in the jurisdiction of BAC Local Union \_\_\_\_\_ is located at:  
**A** \_\_\_\_\_  
**V** \_\_\_\_\_  
**E**  The participating defined contribution pension fund [Named \_\_\_\_\_] receiving  
**L** contributions for work performed in the jurisdiction of BAC Local Union \_\_\_\_\_ is located at:  
**F** \_\_\_\_\_  
**U** \_\_\_\_\_  
**N**  The participating health and welfare/flexible benefit fund [Named \_\_\_\_\_] receiving  
**D** contributions for work performed in the jurisdiction of BAC Local Union \_\_\_\_\_ is located at:  
**S** \_\_\_\_\_  
 \_\_\_\_\_

This authorization is voluntarily given by me and at my instance, and shall remain in full force and effect until I have not worked in the area covered by this pension and/or health and welfare fund(s) for a period of one year or until the last day of the month in which my written request to cancel this authorization is received by the administrator of this pension and/or health and welfare fund(s).

All of the following information must be completed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (month/day/year)

NAME (PRINT) \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 (Area-code/number)

HOME ADDRESS \_\_\_\_\_  
 (street) (city) (state)/(province) (zip)/(postal)

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
 (month/day/year)

SOCIAL INSURANCE NUMBER \_\_\_\_\_ MEMBER OF LOCAL UNION - \_\_\_\_\_  
 (Canadian employees) (Home local)

**H** HOME FUND (defined benefit) NAME - BRICKLAYERS LOCAL 55 OHIO PENSION PLAN  
**O** \_\_\_\_\_  
**M** HOME FUND P.O. BOX 50440  
**E** (defined benefit) LOCATION - INDIANAPOLIS IN 46250-0440 JURISDICTION - LOCAL 55 OHIO  
 (city) (state)/(province)

**F** HOME FUND  
 (defined contribution) NAME - BACSAVE ANNUITY PLAN

**U** HOME FUND  
**N** (defined contribution) LOCATION - WASHINTON DC JURISDICTION - LOCAL 55 OHIO  
 (city) (state)/(province)

**D** HOME FUND  
**S** (health and welfare) NAME - OHIO BRICKLAYERS HEALTH AND WELFARE FUND

HOME FUND P.O.BOX 99550  
 (health and welfare) TROY MI 48099-0440 JURISDICTION - LOCAL 55 OHIO  
 (city) (state)/(province)

HOME FUND E-MAIL \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 (month/day/year)

FORWARD FORM TO PROPER PLAN ADMINISTRATOR IMMEDIATELY AFTER SIGNING  
 AND SEND A COPY TO THE RECIPROCAL CLEARINGHOUSE

## The Following Applies to all Pension Reciprocal Agreements:

In order to receive pension-related credits in my home pension fund(s) while working outside its jurisdiction, I hereby authorize the above-identified pension fund(s) to receive all contributions for my hours worked within the area covered by the fund(s) and to transfer such hours and an equivalent amount of money to my home fund(s). I also authorize my home fund(s) to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring and home fund(s).

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of my dependents or assigns to any benefits from the above-identified pension fund(s) and release the fund(s) and its trustees from any and all liability.

The effective date of this authorization shall be the first of the month in which this authorization is signed and received by either the administrator of the above-referenced pension fund(s) or the designated representative of the fund(s).

Your home fund(s) is a pension fund signatory to this reciprocal agreement which is : (A) the pension fund(s) covering the BAC local union to which you belong if you are a participant or have credited service in the fund(s), or (B) if (A) is not applicable, the pension fund(s) in which you are currently a participant or have credited service.

NOTE: If you have no home fund or if you are a participant or have credited service in the pension fund(s) covering the BAC local union to which you belong and that fund(s) does not participate in the reciprocity agreement, you cannot have funds transferred pursuant to this reciprocal agreement.

**Please Note:** If the Home Fund has only a defined benefit fund and the Participating Fund has both a defined benefit fund and a defined contribution fund, the Temporary Employee may elect to transfer only Monies from the Participating Fund's defined benefit fund to the Home Fund.

All Local Monies for Canadian Temporary Employees working in the U.S. shall be transferred to the IPF Defined Contribution Plan. All Local Monies for American Temporary Employees working in Canada shall be transferred to the IPF Defined Contribution Plan.

## The Following Applies to all Welfare Reciprocal Agreements:

In order to receive health and welfare-related credits in my home health and welfare fund while working outside its jurisdiction, I hereby authorize the above-identified health and welfare fund to receive all contributions for my hours worked within the area covered by the fund and to transfer an amount of money to my home fund. I also authorize my home fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring and home fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of my dependents or assigns to any benefits from the above-identified health and welfare fund and release the fund and its trustees from any and all liability.

The effective date of this authorization shall be the first of the month in which this authorization is signed and received by either the administrator of the above-referenced health and welfare fund or the designated representative of the fund.

Your home fund is a health and welfare fund signatory to this reciprocal agreement which is: (A) the health and welfare fund covering the BAC local union to which you belong if you are a participant or have credited service in the fund, or (B) if (A) is not applicable, the health and welfare fund in which you are currently a participant or have credited service.

If the IHF or reciprocity is not in effect, all Monies shall be transferred to the IPF Defined Contribution Plan.

NOTE: If you have no home fund or if you are a participant or have credited service in the health and welfare fund covering the BAC local union to which you belong and that fund does not participate in the reciprocity agreement, you cannot have funds transferred pursuant to this reciprocal agreement.