



IRON WORKERS' Tri-State Welfare Fund

18861 90th Ave, Suite A
Mokena, Illinois 60448
Toll-Free 866-463-9418
Fax 630-967-3080
www.tristatewelfarefund.com
tristate@abpa-tpa.com

RECIPROCITY ELECTION FORM

I elect to have my Welfare contributions sent to my Home Welfare Fund

PARTICIPANT INFORMATION (please print)

Social Security Number

Home Local

Last Name

First Name

Middle

Home Address

City

State

Zip

Home Phone

Birth Date

Union Book No.

EMPLOYEE AUTHORIZATION

I hereby authorize the transfer of contributions to my Home Fund as designated above, in accordance with the provisions of the applicable Iron Workers reciprocal agreement. I understand that no transfer will be made on any or some of the contributions for work prior to the date this completed form is received at The Tri-State Welfare Fund Office at the above address.

Signature

Date

"Working exclusively for Union Iron Workers and their Families"