



**IRON
WORKERS'
Tri-State Welfare Fund**

953 American Lane, Suite 100
Schaumburg, IL 60173
Toll-Free: 844-395-4467
Fax: 847-519-1979

www.tristatewelfarefund.com
tristateiron@groupadministrators.com

RECIPROCITY ELECTION FORM

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"