



Midwest Operating Engineers Fringe Benefit Funds

WELFARE FUND - PENSION TRUST FUND - VACATION SAVINGS PLAN

6150 Joliet Road • Countryside, IL 60525-3994 • (708) 482-7300 • Fax (708) 482-3056

James M. Sweeney, *Chairman*

David M. Snelten, *Secretary-Treasurer*

LOCAL 150 RECIPROCITY FORMS

ENCLOSED PLEASE FIND A COMPLETE SET OF LOCAL 150 TRANSFER FORMS. FOR HEALTH & WELFARE AND PENSION FUNDS TO BE TRANSFERRED TO YOUR HOME LOCAL PLEASE FILL OUT THE ATTACHED PAPER WORK:

HEALTH & WELFARE FUND RECIPROCITY FORM (1PAGE)

LOCAL 150 PENSION TRUST FUND RECIPROCITY FORM (2PAGES AND **NEEDS TO BE NOTARIZED**)

CENTRAL PENSION FUND MONEY FOLLOWS THE MAN RECIPROCITY FORM (2 PAGES AND **NEEDS TO BE NOTARIZED**)

IF YOU HAVE WORKED **PIPELINE** PLEASE FILL OUT THE 2 FORMS LISTED BELOW, IF NOT PLEASE DISREGARD.

INTERNATIONAL PIPELINE HEALTH & WELFARE RECIPROCITY AGREEMENT (1 PAGE)

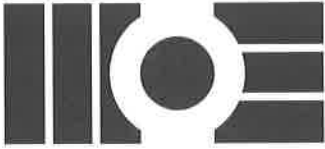
CENTRAL PENSION FUND (CPF) PIPELINE RECIPROCITY AGREEMENT (1PAGE)

MAIL COMPLETED FORMS TO THE FOLLOWING ADDRESS:

MIDWEST OPERATING ENGINEERS LOCAL 150 FRINGE BENEFIT OFFICE
ATTN: ACCOUNTS RECEIVABLE DEPARTMENT
6150 JOLIET ROAD
COUNTRYSIDE, IL 60525

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE ACCOUNTS RECEIVABLE DEPARTMENT
AT (708)579-6620.

The Midwest Operating Engineers Local 150 Fringe Benefit Accounts Receivable Office will keep a copy of all forms in your file and send originals to Washington D.C. for your convenience.



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MIDWEST OPERATING ENGINEERS LOCAL 150 PENSION TRUST FUND

RECIPROCITY FORM

This will certify that I, _____, am presently eligible or are in the
(PRINT NAME)
process of establishing eligibility for benefits under the Pension Plan of Local # _____
(Receiving Fund / Plan)

I hereby elect to continue such eligibility or continue stabling such eligibility, and authorize you to forward any and all employer contributions received on my behalf to my Home Pension Fund/Plan in accordance with the terms of the applicable Reciprocity Agreement. I understand that in consideration of such transfer of employer contributions to my Home Pension Fund/Plan that I waive my right to become eligible for the benefits under the Local # _____ Pension Fund/Plan and
(Transferring Fund/Plan)

hereby release Local # _____ Pension Fund/Plan from any and all liability to my
(Transferring Fund/Plan)

Beneficiaries and /or heirs. I also understand I may terminate this election in the future by written notice to you. If I do terminate this election, I understand that to establish eligibility under the Local # _____ Pension Fund/Plan, I must work in this area the required number of
(Transferring Fund/Plan)
hours, or years from and after the date that my election termination is delivered to you.

Signed: _____ Date: _____

Social Security #: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Local # _____

This is to certify that _____ personally known to be the person whose name is subscribed to the foregoing Transfer Authorization Form appeared before me, _____ a Notary Public, this _____ day of _____ and expressly acknowledge to me the execution of said foregoing Transfer Authorization as his/her free and voluntary act, and that they understood the foregoing Transfer Authorization form, and that they intended to be legally bound by the same.

(Notary Public)

Commission Expiration Date

SEAL

CENTRAL PENSION FUND
MONEY FOLLOWS MAN RECIPROCITY

TO: Board of Trustees
Central Pension Fund of the International Union of
Operating Engineers and Participating Employers
4115 Chesapeake St. NW
Washington DC 20016

RE: Request for Transfer of Contributions to Home Local Pension Fund

PARTICIPANT NAME

SOCIAL SECURITY NUMBER

The above-referenced participant hereby requests and authorizes the Board of Trustees to transfer to my Home Local Pension Fund all eligible contributions made on my behalf to the Central Pension Fund, AS OF THE DATE THIS REQUEST IS RECEIVED BY THE Board, and in the future, unless this authorization is revoked in writing. In support of this request, I hereby state as follows:

- 1 I am a member of IUOE Local No. _____, AFL-CIO and my Union Register No is _____
- 2 My Home Local Pension Fund is _____
- 3 I understand that the benefits, to which I may be entitled under my Home Local Pension Fund, if my request to transfer is approved, may be less than what I would be entitled to receive if the contributions made on my behalf to the Central Pension Fund remain at the Central Pension Fund.
- 4 I understand that I have a right to request an estimate of the value of the accrued benefit I have earned with the Central Pension Fund as of this date, before the Board acts upon my request to transfer.

PLEASE CHECK APPROPRIATE BOX

_____ I do not want an estimate before the Board acts upon my request

_____ I hereby request an estimate before the Board acts upon my request

- 5 I understand that if the Board grants my request, in whole or in part, I cannot later request that any contributions which may be transferred to my Home Local Pension Fund be transferred back to the Central Pension Fund.

- 6 I acknowledge that I have received and reviewed a copy of the Central Pension Fund's Policies and Procedure for Administering Money Follows the Man Reciprocity. I further acknowledge that I have had at least 30 days to review same and ask any questions I may have before the Board acts upon the transfer request.
- 7 I acknowledge and agree that if the Board grants my request and transfers contributions to my Home Local Pension Fund; such decision by the Board is final and binding. I waive on my behalf, and my heirs, successors and assign any rights to receive any accrued benefit from the Central Pension Fund, based upon the contributions and hours of service transferred to my Home Local Pension Fund pursuant to this request.
- 8 I understand that my Home Local Pension Fund may have imposed time limits upon transferring or accepting contributions under Money Follows the Man Reciprocity and the Central Pension Funds shall not be liable in the event my Home Local Pension Fund denies my transfer request on the basis of its time limits.

Participant's Signature

Street Address

City, State, Zip

Subscribed and sworn before me this _____ day of _____

NOTARY PUBLIC

SEAL

HEALTH & WELFARE RECIPROCITY AGREEMENT

Request and Authorization for Transfer of Contributions

Participant Name (*Please print*)

Social Security Number

I request and authorize the Board of Trustees of the Local PIPELINE Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on my behalf to its Fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. _____ and my Union Register No. is _____.
2. My Home Health and Welfare Fund is _____.
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, myself and my dependents' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release. On behalf of myself and my dependents, any and all claims against both Funds and their fiduciaries relation to whether the transfer of contributions is in my or their best interests.

Participant's Signature

Date

Street Address

City, State, Zip

Telephone

****Mail original forms to****
IUOE and PIPE LINE EMPLOYERS H & W FUND
10440 LITTLE PATUXENT PARKWAY, STE 700
COLUMBIA, MD 21044

**CENTRAL PENSION FUND CONTRIBUTION
TRANSFER AUTHORIZATION
(PIPELINE MEMBERS ONLY)**

This authorizes the Trustees of the Central Pension Fund on the INTERNATIONAL UNION OF THE OPERATING ENGINEERS AND PARTICIPATING EMPLOYERS to the Local Pension Fund designated below any and all contributions made to them by my Employers. I understand this authorization may be changed only with the approval of the Trustees of the Central Pension fund. I also certify that I am a member of the Local Union No. _____ Please Transfer all Pension contributions to:

(Name of Local Pension Fund To Which Transfer Is Authorized)

NAME OF EMPLOYEE

SOCIAL SECURITY #

ADDRESS

UNION REGISTRATION #

SIGNATURE OF EMPLOYEE

DATE SIGNED