EMPLOYEE'S REQUEST TO TRANSFER INSURANCE FUND CONTRIBUTIONS

The following information must be completed by the Employee:
(Please Print)

Name: _____
Last Name First Name MI

Address: _____
Number & Street City & State ZIP

Telephone Number: (_____) _____

Social Security Number: _____

Home Local Union: _____

Home Insurance Fund: **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund**

Date Work Began in the Area of the:
Kentucky Laborers District Council Health & Welfare Fund

_____
Month Day Year

Pursuant to the Reciprocal Agreement between the **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund** and the **Kentucky Laborers District Council Health & Welfare Fund**, I hereby request that the **Kentucky Laborers District Council Health & Welfare Fund** transmit to the **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund**, my Home Fund, a record of hours reported that have been worked by me in the area of the **Kentucky Laborers District Council Health & Welfare Fund** and any Insurance Contributions received for such work, whether or not these contributions have been received in full or in part from the employer. I understand the transfer of the records and contributions is subject to the terms of the Reciprocal Agreement.

_____
Employee's Signature

_____
Date