

**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: \_\_\_\_\_

Date Work Began in the Area of the:  
**Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund**

\_\_\_\_\_  
Month Day Year

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Pursuant to the Reciprocal Agreement between the **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund** and the **Michigan Laborers' Health Care Fund**, I hereby request that the **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund** transmit to the **Michigan Laborers' Health Care Fund**, my Home Fund, a record of hours reported that have been worked by me in the area of the **Ohio Laborers' District Council – Ohio Contractors' Association Insurance 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