



NORTHEAST CARPENTERS FUNDS

General Information for Participants Requesting Authorization to Transfer Forms

Dear Participant,

The Application to Transfer Form must be completed in full to have your Health & Welfare, Pension, and Annuity hours transferred back to your Home Fund Office.

When complete, please return this form to the Fund Office.

91 Fieldcrest Ave.

Raritan Plaza II, 3rd Flr

Edison, NJ 08837

Or

Submit online at MEMBERS.NCF.FUND

A Transfer Form must be completed for each Outside Fund where work is performed, and you only need to submit a form once in a lifetime for each Outside Fund. Most Outside Funds report to us on a quarterly calendar basis, once every three months. These hours should appear on the following Work Record Report after receipt of payment. If hours do not correspond with your work records, please contact the Outside Fund in the jurisdiction involved directly, as we, in a reciprocal, act only as a third party on your behalf to accept payment and advise you of the hours reciprocated and credited to you. When you work in an outside jurisdiction, you are working under that jurisdiction's Collective Bargaining Agreement. It would be best to handle any disputes or discrepancies you may have directly with that Outside Fund. The Outside Fund may require copies of your pay-stubs to substantiate your Claim

IMPORTANT INFORMATION ON OUTSIDE FUNDS VACATION PLAN:

If a Vacation Plan is in effect in the area where the work is being/was performed, you need to contact the outside Fund Office directly for you to receive payment. **Your Home Fund does not** handle outside funds vacation payouts. Vacation Forms are not mailed to you automatically by the Outside Fund.

If you require any further assistance or have additional questions about reciprocity, please feel free to contact me at the Fund Office. Thank You.

Yours truly,

Northeast Carpenters Funds

Ian Ruegg

NJ Fund Director



Authorization to Transfer Fringe Benefit Contributions

I usually work under the Collective Bargaining Agreement of my home Fund, which is affiliated with the Eastern Atlantic States Regional Council of Carpenters. My fringe benefit payments are generally paid by my employer(s) to the **Northeast Carpenters Funds**. These funds are, therefore, my home funds. I expect to receive my benefits under their rules and regulations.

Contributions have been remitted on my behalf to a fund located outside of my home area. I am requesting that you notify the following outside fund(s), with whom you have a reciprocal agreement, that those contributions, including Health & Welfare, Pension, Annuity, and/or Savings Plan (if applicable), received as a result of my work there should be transferred back to my home Fund.

Member Information

First Name	MI.	Last Name	Local Union #	Social Security #	
Street Address			City	State	Zip Code
Phone Number			Email Address		

I may have contributions in the following Benefit Fund(s):

Please note that the Benefit Funds within the Eastern Atlantic States Regional Council of Carpenters jurisdiction (EASRCC) are already selected. If you work in an area outside of the EASRCC's jurisdiction, please check other and provide the information requested.

- ☒ Carpenters Benefit Funds of Philadelphia (Philadelphia, PA)
- ☒ Mid-Atlantic Regional Council of Carpenters' Benefit Funds (Oxon Hill, MD)
- ☒ Carpenters Combined Funds (Pittsburgh, PA)
- ☒ Carpenters Local 491 (Sparks, MD)
- ☐ New York City District Council Funds (New York, NY)
- ☐ North Atlantic States ☐ Connecticut ☐ New England ☐ New York State
- ☐ If other, please list Outside Fund's Name, Local Jurisdiction, and Job Location.

Participant Statement:

I understand that the transfer of contributions will be retroactive one calendar year from the date this authorization is received by the outside fund(s). In consideration of the transfer of these contributions I herewith waive (**except for Vacation Payments**) all rights, credits, and benefits that I might have accrued as a result of the work I performed in the outside fund(s). This authorization shall continue until cancelled by me in writing.

x _____
Signature of Member

Date