



HEAT & FROST INSULATORS AND ASBESTOS WORKERS HEALTH AND WELFARE TRUST FUND

NOTIFICATION OF TRAVELING MEMBERS

All of the following information must be completed by the traveler.

NAME _____	SOCIAL SECURITY NUMBER _____ - _____ - _____
PERMANENT ADDRESS _____	
CITY _____	STATE _____ ZIP CODE _____
PHONE NUMBER () _____ - _____	
HOME LOCAL UNION NO. _____	TRAVELING TO LOCAL NO. _____

Please indicate which Trust(s) you are seeking reciprocity and transfer of contributions

HEALTH & WELFARE

PENSION

I wish to utilize the Reciprocity Agreement in effect between the participating trust funds noted above for the purpose of maintaining my benefit credits in my HOME Trust Fund.

Accordingly, I do hereby authorize the Local Union No. _____ Trust Fund to transfer all health and welfare and pension contributions received by it on my behalf, until receipt of further notice to the contrary in writing from me. These contributions are subject to the transfers between trusts provisions of the Reciprocity Agreement, by reason of my employment under the appropriate Collective Bargaining Agreement.

I agree to hold the participating reciprocal trusts harmless from any and all claims or damages which may occur by its compliance with this authorization.

SIGNATURE OF TRAVELER _____ DATE _____

PRINTED NAME _____

PLEASE FORWARD THIS FORM TO THE TRUST FUND OFFICE AT THE ADDRESS LISTED BELOW IMMEDIATELY AFTER COMPLETION.

Mailing Address: P.O. Box 430 ▪ West Covina, CA 91793
Physical Address: 1050 Lakes Drive, Suite 120 ▪ West Covina, CA 91790
8311 West Sunset Road Suite 250 ▪ Las Vegas, NV 89113
3737 Camino Del Rio So., Suite 300 ▪ San Diego, CA 92108
Toll Free 800-433-6692 www.hfawbenefits.org