

# Local Union 180 Napa~Solano County



To sign up you will need to accept the following and fill out the form below. Return the signed and accepted information by mail or fax

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## Defined Benefit Pension Fund

In order to receive pension related credits in my home Defined Benefit pension fund (home DB fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DB fund. I also authorize my home DB fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring fund(s) and home DB fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DB fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DB fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept     I Don't Accept

## Defined Contribution Pension Fund

In order to receive pension related credits in my home Defined Contribution pension fund (home DC fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DC fund. I also authorize my home DC fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home DC fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DC fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DC fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept     I Don't Accept

## H&W Fund

In order to re-establish or preserve continuity of my eligibility in my home Health & Welfare (H&W) fund while working outside its jurisdiction, I hereby authorize all Health & Welfare funds signatory to the Electrical Industry Health & Welfare Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home H&W fund. I also authorize my home H&W fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home H&W fund. I agree to have my eligibility and benefits determined by the rules of my Home H&W fund and that my Home Fund may also require that I pay any difference in contribution rates and my failure to make payment in a timely manner could result in loss of coverage. I further understand and agree that I will receive the lesser of the amount provided in the current Collective Bargaining Agreement in effect in the jurisdiction of my home fund or the amount provided by the Collective Bargaining Agreement in effect in the jurisdiction of any participating fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring health & welfare fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home H&W fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home H&W fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept  I Don't Accept

## Participant Registration Form

\*Required Information

|                                      |                      |
|--------------------------------------|----------------------|
| First Name:*                         | <input type="text"/> |
| Last Name:*                          | <input type="text"/> |
| Phone Number:                        | <input type="text"/> |
| Address Line 1:*                     | <input type="text"/> |
| Address Line 2:                      | <input type="text"/> |
| City:*                               | <input type="text"/> |
| State/Province:*                     | <input type="text"/> |
| ZIP:*                                | <input type="text"/> |
| SSN (USA):                           | <input type="text"/> |
| SIN (Canadian):                      | <input type="text"/> |
| IBEW Member Home Local Union Number: | <input type="text"/> |
| IBEW Card Number:                    | <input type="text"/> |
| Date of Birth :*                     | <input type="text"/> |
|                                      | (MM/DD/YYYY)         |
| Email Address:                       | <input type="text"/> |

### List of Home Fund Designations:

(Example: LU# and I for inside Example: 180 - I)

|   |                      |
|---|----------------------|
| Home Defined Benefit (DB) Pension Fund:*      | <input type="text"/> |
| Home Defined Contribution (DC) Pension Fund:* | <input type="text"/> |
| Home Health & Welfare Fund:*                  | <input type="text"/> |

As a plan participant in Pension and/or H&W fund(s) signatory to the Electrical Industry Pension Reciprocal and/or the Electrical Industry Health & Welfare Reciprocal Agreements I acknowledge and understand that by filing with and utilizing the IBEW/NECA Electronic Reciprocal Transfer System (ERTS) I am placing on file with ERTS a blanket, or ongoing, Authorization and Release(s) which authorizes a reciprocal transfer as provided in the respective Agreement of monies on my behalf by all funds signatory to the Agreements and that I agree to all the terms contained in the Authorization and Release(s). I acknowledge that this blanket Authorization and Release(s). Moreover, I agree to the legally binding effect on my use of an electronic signature on ERTS.

Date:  Signature: