

Reciprocal Agreement - Member Confirmation

Date: ___/___/___

Attn: Pension Department
3218 Kennedy Blvd., Jersey City, NJ 07306
Fax to: (201-963-1563) or mail requests in writing

Please be advised that I, _____,

Social Security Number: _____ - ____ - _____, am a member of

Local _____. My LIUNA Book Number is _____.

I worked for _____
(Employer Name)

In Local _____, at _____ for the
(Jobsite Location)

Period of ___/___/___ through ___/___/___.

My home address is: _____

City, State, Zip Code: _____

Phone Number: _____

In accordance with the reciprocal agreements between the NJ Building Laborers Statewide Benefit Funds, kindly reciprocate the pension, annuity, and welfare contributions made on my behalf to my home Fund Office. Please attach a copy of your Union card.

*****This process may take up to 60 business days.*****

Sincerely,

(Member Signature)