

Mail: P. O. Box 4100 · Concord, CA 94524-4100 Telephone: (800) 552-2400 · Facsimile: (925) 746-7549 www.ufcwtrust.com

REQUEST FOR TRANSFER OF ELIGIBILITY CREDITS

This form must be completed by the person transferring employment from the jurisdiction of one participating UFCW Health and Welfare fund to another. It should be deposited with the new Fund either directly or through the office of the new Union Local within 60 days after the start of employment in the new area.

PARTICIPATING RETAIL CLERKS WELFARE FUNDS

Please check the appropriate boxes showing the Welfare fund within whose jurisdiction you worked **BEFORE** and the Fund within whose jurisdiction you are **NOW** employed.

[]			nployers Benefit Trust O Concord, CA 94524-4100		
[]	[]		prehensive Benefits Trust Fund O Concord, CA 94524-4100		
[]	Professional and Commercia PO Box 4100 Concord, CA			rcial Trades Health and Wellness Fund A 94524-4100	
			PLEASE PRINT		
Memb	oer ID Num	ber or Social	Security Number:		
Emplo	oyee's Nan	ne (Please Prin	nt):		
Name of Old Employer:			Old Union Local	Termination Date	
Name of New Employer:			New Union Local	Starting Date	
Employee's Signature			Home or Cell Number	Date Completed	
Union Benefit Clerk's Signature				Date Completed	

Before

Now