

# THE BAC RECIPROCAL AGREEMENT EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE

**Please check all boxes that apply:**

Travel Funds

Name of Travel Pension Fund \_\_\_\_\_  
In the jurisdiction of BAC Local Union \_\_\_\_\_ and located at  
the following address (give address for fund, not local's address):

\_\_\_\_\_ Mailing Address City State Zip Code

Name of Travel H&W Fund \_\_\_\_\_  
In the jurisdiction of BAC Local Union \_\_\_\_\_ and located at  
the following address (give address for fund, not local's address):

\_\_\_\_\_ Mailing Address City State Zip Code

**PLEASE TRANSFER TO HOME FUND(S) COMPLETED BELOW**

This authorization is voluntarily given by me and at my instance, and shall remain in full force and effect until I have not worked in the area covered by this pension and/or health and welfare fund(s) for a period of one year or until the last day of the month in which my written request to cancel this authorization is received by the administrator of this pension and/or health and welfare funds(s).

All of the following information must be completed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
area code & number

HOME ADDRESS \_\_\_\_\_  
Mailing Address City State Zip

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

**► Name, address & jurisdiction of Home Pension Fund**

Name of Home Pension Fund: \_\_\_\_\_

Jurisdiction of Home Pension Fund: \_\_\_\_\_  
Local # City/State

Address Of Home Pension Fund: \_\_\_\_\_  
Mailing address City State Zip

**► Name, address & jurisdiction of Home Health & Welfare Fund**

Name of Home H&W Fund: \_\_\_\_\_

Jurisdiction of Home H&W Fund: \_\_\_\_\_  
Local # City/State

Address Of Home H&W Fund: \_\_\_\_\_  
Mailing address City State Zip

Home Funds

Once completed and signed, please send this form to Travel Plan administrator