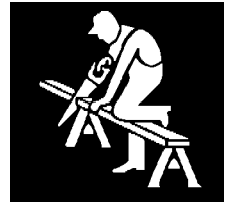


**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA**

265 Hegenberger Road, Suite 100, Oakland, CA 94621
PO Box 2280, Oakland, CA 94614
Tel. (510) 633-0333 ✧ (888) 547-2054 ✧ Fax (510) 633-0215
www.carpenterfunds.com



RE: Carpenters Health and Welfare Trust Fund for California
Carpenters Pension Trust Fund for Northern California
Carpenters Annuity Trust Fund for Northern California
Reciprocity

Dear Participant:

Information regarding reciprocity is attached.

Please be advised that this transfer can only be effected for contributions received on or after September 1, 1989. If this applies to you and you would like to elect a transfer of your contributions please complete the enclosed Request Form and return it to the Trust Fund Office.

Enclosed for your review are the Health and Welfare and Pension Summary Plan Descriptions. Should you have any questions after reading these materials please contact the Trust Fund Office.

When reviewing the enclosed materials, please pay particular attention to [Sections 2.10 of the Health and Welfare Plan](#), and [Sections 1.21. and 5.05. of the Pension Plan](#) with regards to the Transfer of Contributions from one fund to another. This process can delay your eligibility.

Sincerely,

Benefit Services
1(888) 547-2054

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Healthcare Reform: Carpenters Health and Welfare Trust Fund for California Indemnity Medical Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that certain consumer protections of the Affordable Care Act that apply to other plans that may not be required. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 265 Hegenberger Rd., Suite 100, Oakland, CA 94621. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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**UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA
Master Reciprocal Agreement Authorization for Transfer of Contributions and Waiver Form**

I am a participant in the funds checked below, but have worked or will work in an area covered by another fund. I request that the contributions made on my behalf to the other fund be transferred to my Carpenters fund(s) checked below.

My Home Fund(s) is the Fund within the jurisdiction of my Local Union. I want my contributions to go to my Home Fund(s).

I am a participant in the Fund(s) checked below (Referred to as "Home Fund(s)"): (Please check only the fund(s) to which you want your contributions to be transferred)

- Carpenters Health and Welfare Trust Fund for California
265 Hegenberger Rd, Suite 100, Oakland CA 94621
- Carpenters Pension Trust Fund for Northern California
265 Hegenberger Rd, Suite 100, Oakland CA 94621
- Carpenters Annuity Trust Fund for Northern California
265 Hegenberger Rd, Suite 100, Oakland CA 94621

For the period beginning / / , I (will be working) (have worked) in an area covered by the following fund(s) (referred to as "Cooperating or Outside" Funds):

- _____
Insert Name of Outside Health and Welfare Fund
- _____
Insert Name of Outside Pension Fund
- _____
Insert Name of Outside Annuity Fund

I hereby elect, to the extent that the trustees of the above cooperating fund and the trustees of my home fund have agreed, through the execution of the International Reciprocal Agreement, to have contributions paid on my behalf to the cooperating fund sent to my home fund upon the receipt of my "Transfer of Contributions" form. This authorization and waiver shall continue until revoked by me in writing, delivered to the Home Fund and to the Outside Fund.

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the cooperating fund(s) and its trustees of and from all claims, demands, actions, causes of actions, and suits with respect to any contributions so transferred and for any benefits or credits which would have accrued or become payable to me or my beneficiaries had I not authorized this transfer of contributions.

I understand that transferring contributions may negatively affect my eligibility.

Name _____ SS # _____
Date of Birth _____ Local Union _____
Address _____
Number and Street City State Zip
Signature _____ Date Signed _____

This Request for Transfer/Authorization by Participant is hereby acknowledged and submitted by the Home Fund to the Outside Fund.

Signature of Home Fund Representative Date

**SUPPLEMENTAL DUES AND CLIC AUTHORIZATION
FOR THE SOUTHWEST REGIONAL COUNCIL OF CARPENTERS**

AND WORK FEE AUTHORIZATION FOR THE NORTHERN CALIFORNIA CARPENTERS REGIONAL COUNCIL

I am employed by a signatory Employer or Employers under the Carpenters Master Labor Agreement or other Carpenter Agreement ("Labor Agreement") in the geographical jurisdiction of the Southwest Regional Council of Carpenters or the Northern California Carpenters Regional Council.

1. When employed within the jurisdiction of the Southwest Regional Council of Carpenters ("Regional Council"), I hereby authorize the Carpenters Southwest Administration Corporation and the Southwest Carpenters Vacation Trust ("Trust") to deduct from my vacation benefits supplemental dues, or dues equivalences in the amount lawfully required by the Regional Council or Local Union and to transmit such dues to the entity entitled to receive such dues when employed within the jurisdiction of the Regional Council. I agree that, irrespective of my membership status, this authorization shall be automatically renewed and shall be irrevocable for successive periods of one year each or for the period of each successive applicable Labor Agreement, which ever shall be shorter, unless written notice is given by me to my Local Union, and to the Trust, no more than twenty (20) days and not less than ten (10) days prior to the expiration of each one year period or of the applicable Labor Agreement, whichever occurs first. Irrespective of my membership status this authorization shall be irrevocable for a period of one year or until the termination of the applicable Labor Agreement, whichever occurs first when employed within the jurisdiction of the Regional Council.

When employed within the jurisdiction of the Northern California Carpenters Regional Council ("Regional Council"), I hereby authorize all individual employers, individually and collectively ("Employers"), to deduct the amount specified in Section 43-A of the Carpenters Master Agreement and/or the like section of the 46 Counties Piledrivers Master Agreement and/or the like section of the Drywall/Lathing Master Agreement from my wages for hours paid for or worked by me on or after the signature date below, and remit said amount directly to the Carpenters 46 Northern California Counties Conference Board or to the appropriate Regional Council or Local Union as said Conference Board may direct as work fee. This authorization may be revoked by me in writing to Wells Fargo Bank, P.O. Box 39000, San Francisco, CA 94139-1611, as the agent for this purpose of the individual employer, within the 30 day period prior to the expiration of said Master Agreement (or such other applicable agreement) or one year from the date hereof whichever is sooner. If not revoked, this authorization shall be deemed as renewed from year to year thereafter.

This authorization shall be applicable both to future supplemental dues and/or work fees, and to all unpaid dues that I have incurred to date. I authorize the Trust and the Employers to deduct such dues amounts as are specified by the Regional Council or Local Union as unpaid and owing.

I certify that this authorization is made voluntarily and without any interference, restraint, or coercion by any person or persons whatsoever.

2. I further authorize the Southwest Carpenters Vacation Trust to deduct from my vacation benefits the sum of two cents (\$0.02) per hour of contributions when I am employed within the jurisdiction of the Southwest Regional Council of Carpenters and forward such amount to the Carpenters Legislative Improvement Committee of Southern California ("CLIC"). I understand that CLIC uses these contributions for political purposes and that they are not tax deductible. The authorization contained in this paragraph is voluntarily made and may be revoked at any time by me through written notice to the Trust and my Local Union. The Union will not discriminate against me based on my decision not to contribute.

I understand two cents (\$0.02) is the recommended amount, if I wish to authorize some other amount, I will do so by filling in the blank below. Instead of two cents, I authorize the Trust to deduct ____ cents from my vacation benefits.

STRIKE ANY PARAGRAPH THAT IS NOT APPLICABLE

Name _____ Telephone # _____
(Print Name)

Address _____ City _____ State _____ Zip _____

_____ Social Security No. _____ Member's Local Union _____
Local Union Where Work is Performed if Different from Member's Local Union

_____ Signature _____ Date _____