If the member’s Home Trust Fund located in the Western States below?

AND

If the work being performed in one of the jurisdictions of the following Trust Funds within the Western States below?

Northern California – Laborers Trust Funds for Northern California
San Diego – San Diego County Construction Laborers Pension Fund
Southern California – Laborers Trust Funds for Southern California
Oregon & Southern Idaho – Oregon Laborers-Employers Trust Funds
Western Washington – Western Washington Laborers-Employers Pension Trust Fund
Washington & Northern Idaho – Northwest Laborers-Employers Health & Security Fund

Then fill out the Money Follows the Member_West Coast agreement.

OR

If the members Home Trust Fund is not listed above?

OR

If the work is being performed outside of the jurisdictions of the Trust Funds listed above?

Then fill out the Money Follows the Member_Rest of U.S.

See examples below.
AUTHORIZATION TO TRANSFER CONTRIBUTIONS UNDER MONEY-FOLLOWS-THE-MEMBER AGREEMENT

Cooperating Host Pension Trust*: LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA
Cooperating Host Welfare Trust*: LABORERS HEALTH & WELFARE TRUST FUND FOR NORTHERN CALIFORNIA

I have been transferred by my employer from work within the jurisdiction of the Home Trusts, indicated below, to the jurisdiction of the Cooperating Host Trusts. I have been cleared through the hiring hall of Host Local Union No. 185 to work in the jurisdiction of the Cooperating Host Trusts. I hereby elect, to the extent that the Cooperating Host Trusts and the Home Trusts have agreed, through the execution of Money-Follows-the-Member Agreements, to have the Cooperating Trusts transfer pension and welfare contributions on my behalf to the Home Trusts indicated below. I understand that contributions will be transferred to both the Home Pension Trust and Home Welfare Trust, unless one of these Home Trusts is the same as a Cooperating Trust.

Home Pension Trust*: OREGON LABORERS-EMPLOYERS PENSION TRUST FUND (OR & S.J.D)
Home Welfare Trust*: OREGON LABORERS HEALTH & WELFARE FUND (OR)

Employer Name: Awesome Construction Company, Inc.
Employer Address: 123 Project Way
City/State/Zip: Sacramento CA 94515
Project/Location: New MLS Stadium
Start Date: 09/01/18 Ends Approx: 09/01/20

I understand that this authorization must be filed with the Administration Office of the Cooperating Host Trusts within 90 days following the beginning of my employment within the Cooperating Host Trusts’ jurisdiction. If this authorization is not filed within that 90 day period, then contributions will only be transferred if an extension is granted by both the Cooperating Host Trusts and the Home Trusts. If this authorization is filed within the 90 day time period, contributions are transferred for hours worked commencing on the date of my employment in the Cooperating Host Trusts’ jurisdiction, unless benefits have been paid. If benefits have been paid by the Cooperating Host Welfare Trust, contributions will only be transferred to the Home Welfare Trust on a prospective basis. Unless noted otherwise in this form as “Various Projects,” this authorization is only valid for the duration of the project specified with the employer as indicated above. Subsequent Authorizations are required in order to work with a new project and/or employer, regardless of geographical area.

I understand that upon transfer of contributions, the Cooperating Host Trusts will act solely as the agent of the Home Trusts, and as such, I shall be subject to the eligibility rules of the Home Trusts. I further understand that in the event the contribution rates of the Cooperating Host Trusts and Home Trusts differ, the Trustees of the Home Trusts, in their discretion, may determine how such transferred contributions will be credited and may adjust benefits or eligibility to be provided accordingly.

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Host Trusts and their Trustees of and from all claims, demands, actions, causes of actions or 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 have made this election to transfer contributions to the Home Trusts indicated above, notwithstanding the possibility that such election may not always be advantageous to me and/or my beneficiaries as well as on behalf of anyone claiming through me) both the Cooperating Host Trusts and the Home Trusts and their Trustees from any liability or claim that the transfer of contributions may not work to my best interest.

LIUNA
Member Name: Joe Laborer
Home Address: 555 Beaver Lane
City/State/Zip: Portland OR 97035
Date: Aug 7, 2018

I understand that this authorization is valid as stated above and I am responsible for filing subsequent authorizations if required.

THIS AUTHORIZATION IS NOT VALID UNLESS SIGNED BY AUTHORIZED HOST UNION REPRESENTATIVE

N.CA Laborers Local 185
Authorized Union Representative Signature
Local Union clearance where work is performed
Local Union fringe benefit rate dispatched

Host Local Union No: 185 Clearance Dispatched Date: Aug 7, 2018
Host Local Union Fringe Rate Dispatched at: Pension $ Health & Welfare $
AUTHORIZATION TO TRANSFER CONTRIBUTIONS 
UNDER MONEY-FOLLOWS-THE-MAN AGREEMENT

Cooperating Pension Trust: Northern California Laborers Pension Trust Fund

Cooperating Welfare Trust(s): Northern California Laborers Health & Welfare Trust Fund

I have been transferred by my employer from work within the jurisdiction of the Home Trusts, indicated below, to the jurisdiction of the Cooperating Trusts. I have been cleared through the hiring hall of Local Union No. 185 to work in the jurisdiction of the Cooperating Trusts. I hereby elect, to the extent that the Cooperating Trusts and the Home Trusts have agreed through the execution of Money-Follows-the-Man Agreements, to have the Cooperating Trusts transfer pension and welfare contributions paid on my behalf to the Home Trusts indicated below. I understand that contributions will be transferred to both the Home Pension Trust and Home Welfare Trust, unless one of those Home Trusts is the same as a Cooperating Trust.

Northern Nevada Laborers Pension Trust Fund

Name of Home Pension Trust

Northern Nevada Laborers Health & Welfare Trust Fund

Name of Home Welfare Trust(s)

Awesome Construction Company   Reno, NV

Employer’s Name                                            Employer’s Address

I understand that this authorization must be filed with the Administration Office of the Cooperating Trusts within 90 days following the beginning of my employment within the Cooperating Trusts’ jurisdiction. If this authorization is not filed within that 90 day period, then contributions will only be transferred if an extension is granted by both the Cooperating Trusts and the Home Trusts.

If this authorization is filed within the 90 day time period, contributions are transferred for hours worked commencing on the date of my employment in the Cooperating Trusts’ jurisdiction, unless benefits have been paid. If benefits have been paid by the Cooperating Welfare Trust, contributions will only be transferred to the Home Welfare Trust on a prospective basis. This Authorization is only valid for the twelve (12) month period following the month in which it is signed. However, subsequent Authorizations may be filed.

I understand that upon transfer of contributions, the Cooperating Trusts will act solely as the agent of the Home Trusts, and as such, I shall be subject to the eligibility rules of the Home Trusts. I further understand that in the event the contribution rates of the Cooperating Trusts and Home Trusts differ, the Trustees of the Home Trusts, in their discretion, may determine how such transferred contributions will be credited and may adjust benefits or eligibility to be provided accordingly.

I hereby release (on behalf of myself as well as on behalf of anyone claiming through me) and further discharge the Cooperating Trusts and their Trustees of and from all claims, demands, actions, causes of actions or 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 have made this election to transfer contributions to the Home Trusts indicated above, notwithstanding the possibility that such election may not always be advantageous to me and/or my beneficiaries. Accordingly, I hereby further release (on behalf of myself as well as on behalf of anyone claiming through me) both the Cooperating Trusts and the Home Trusts and their Trustees from any liability or claim that the transfer of contributions may not work to my best interest.

Member’s Name: Joe Laborer  Home Local #: 169  SSN: 000-00-1234

Home Address: 555 Happy Lane, Reno, NV 94534

Signature: Joe Laborer  Date: January 1, 2018

This Authorization is not valid unless signed by Authorized Union Representative.

Local Union No. 185  Clearance

Authorized Union Representative: Northern California Laborers Local 185  Date: 01/01/18

Fringe Rate Dispatched: Pension $___________/ Health & Welfare $___________