

LiUNA Travelers LFAO-Registration e-Packet

Pacific Southwest & Northwest LiUNA Regions — (S.CA, S.NV, N.NV, OR, W.WA, E.WA)

This e-Packet is intended for out-of-area LiUNA members visiting/working in the 46 N. California counties whose LiUNA membership is not with a N.CA LiUNA Local Union.

Using this e-Packet

Visiting Contractors: This Four-Form e-Packet is intended to be provided to, and utilized by, Out-of-Area Employers (*both Pipeline Employers and non-Pipeline Employers*) who are bringing and employing Non-N.CA LiUNA members to work in the 46-Northern California counties, the geographic jurisdiction of the Northern California District Council of Laborers (NCDCL).

Intended For: All LiUNA members, whose Union membership is with a Pac Southwest or Northwest LiUNA Local Union outside of Northern California. This includes LiUNA members working under the National LiUNA Pipeline Agreement; or other LiUNA Labor Agreements under the geographic authority of the NCDCL.

Why Needed: NCDCL; and its affiliated N.CA Local Unions in coordination with the N.CA Laborers Funds Administrative Office (LFAO), want to ensure that:

1. Out-of-area traveling LiUNA members receive **ALL** the applicable Fringe Benefits which are due to them; and which their respective Home Local Union Trust Fund, would not normally receive monies transferred to the Home Trust Fund under the Pipeline LEBPCT transmittal, or a MONEY-FOLLOWS-MAN transmittal document. Typically, this includes:
 - a. Vacation-Holiday Fund monies; and
 - b. Annuity Fund monies.
2. Separately, information is needed by LFAO to ensure that a member's Beneficiaries are identified, should the out-of-area visiting member pass prior to the normal transmittal of the member's monies by LFAO to the member.

The Following NCDCL and LFAO Forms are Included in This e- Packet:

1. e-document Data Feeder form – Fill in the blanks, which rolls the data into other forms
2. Visiting Member/LiUNA Traveler Registration – Beneficiary Information Form (*)
3. Authorization to Transfer Contributions, Money-Follows-Member Agreement (*)
4. N.CA Laborers Vacation-Holidays Dues Supplemental Authorization (*)
5. *Optional:* Bank Direct-Deposit Form for Members Vacation Monies (*) (Highly Recommended)

(*) Member signature required

Next Steps

1. N.CA Local Union Field Agents convey this Four-Form e-Packet to visiting Contractors
2. Visiting Contractors, receive e-transmittal, when applicable, have:
 - a. Contractor Payroll fill-out e-document form in coordination with the Traveling LiUNA Member
 - b. Print the completed forms in the e-Packet for the member to sign
 - c. Have Traveling LiUNA member execute signatures on pages 3-5 where indicated
 - d. Return documents to N.CA Local Union Field Agent for signature by Local Union
3. N.CA Local Union transmit only pages 3-5 via Local Union e-Portal to LFAO.
4. Optional Bank Direct Deposit Form should be forwarded **after** Financial Institution and Bank Account information is provided by the member. Can be either mailed to LFAO or sent via the Local Union Portal.

N.CA-LFAO Travelers Registration Data Feeder Form

****Only for LiUNA Members From Outside 46 N.CA. Counties****

Member Signatures required on Pages 2-5

Member Information

First Name	M.I.	Last Name	Social Security #	Date of Birth	Today's Date	Gender
						Male
						Female
LiUNA Member #	Traveler Home Local #	e-Mail Address (if any)		Home Phone #	Cell Phone #	
						Idioma Español
Physical Address	City	State	Zip Code	Mail Address	City	State
						Zip Code

Member Marital Status (previous marriage if applicable)

Single	Spouse	Date	Ex-Spouse	Date of
Married	Name:	Married:	Name:	Divorce:
Never Married		mmm d,yyyy		mmm d,yyyy

Traveler's Beneficiary Designation & Information (for Vacation & Annuity Benefits)

Beneficiary First Name	Beneficiary Last Name	Relationship to LiUNA Member	Beneficiary SSN
Beneficiary Address	City	State	Zip Code
		Beneficiary Home Phone	Beneficiary Cell Phone

N.CA LiUNA Local Union & Traveler's Home LiUNA Trust Fund Information

Dispatching N.CA Local	Dispatched N.CA Pension Hourly Rate	\$	Dispatched N.CA H&W Hourly Rate	\$
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Traveler's Home Pension Trust Fund

Traveler's Home Health & Welfare Trust Fund

Employer's Project Information

Employer's Project Name	Project/Location	Starts	Ends
		mmm d,yyyy	mmm d,yyyy
Employer's Project Address	City	State	Zip Code

STOP FILLING OUT FIELDS HERE

(designed for single-sided printing - checking printer settings)



Travelers Registration Form

****Only for LiUNA Members from Outside 46 N.CA. Counties****

Participant Information

First Name M.I. Last Name Date of Birth Social Security # Male
Female

Present Marital Status (previous marriage if applicable)

Single Spouse Name: Date Married: Ex-Spouse Name Date of Divorce
Married
Never Married

Home Local Physical Address City State Zip Code

LiUNA Member # Mailing Address(if different) City State Zip Code

e-Mail Address (if any) Home Phone # Cell Phone #

Cuando posible, prefiero recibir
informacion de beneficios en Español.

Beneficiary Information - Designation of Beneficiary for Death Benefits

- 1. Health and Welfare Plan (Active and Special Plans only)** - You may designate any beneficiary you wish. Any death benefit due from your Health and Welfare Plan will be paid to your named beneficiary below. Refer to Article III of your Plan for more information.
- 2. Vacation-Holiday Trust Fund** - You may designate any beneficiary you wish. Any unpaid Vacation-Holiday benefit due you will be paid to your named beneficiary below
- 3. Pension and Annuity Plans** - If you are married, any pre or post-retirement pension benefits due will be paid to your surviving spouse and not to your named beneficiary as retirement plans are subject to community property. Refer to the provisions of your Plan or contact the Fund Office for more information regarding death benefits.

Check here if you want to designate more than one person for or more of the Funds. The necessary forms will be mailed to you.

! If you do not designate a beneficiary below and also do not check the box above, any death benefits payable, subject to each Plan's provision, will be paid equally to one or more of your surviving relatives as this beneficiary designation replaces the form you have previously filed, if any, and will be effective upon receipt by the Fund Office.

*****Please do not list 'self' as your beneficiary*****

Beneficiary First Name Beneficiary Last Name Relationship to Member Beneficiary SSN

Beneficiary Address Beneficiary City State Beneficiary Zip Beneficiary Home Phone Beneficiary Cell Phone

Participant Statement - You MUST date and sign form.

I hereby certify under penalty of perjury under the laws of the State of California that the information given is true, correct and complete to the best of my knowledge.

Date of
Signature:

Signature X

LOCAL UNION USE ONLY

LOCAL NO.		INITIALS		DATE	
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DOC#:

DEPT:

FORM:

REV:

WEB:

* If Trust is not listed in drop downs,
type it in the space provided.

AUTHORIZATION TO TRANSFER CONTRIBUTIONS UNDER MONEY-FOLLOWS-THE-MEMBER AGREEMENT

Host Pension Trust: LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA

Host Health & 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. 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 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.

Home Pension Trust:

Home Health & Welfare Trust:

Employer Name:

Employer Address:

City:

State:

Zip:

Project/Location:

Start Date:

Ends Approx.:

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. Accordingly, I hereby further release (on behalf of myself 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.

Member Name:

SSN:

LiUNA ID #:

Home Address:

Home Local:

Member Signature

City:

State:

Zip:

Date:

X

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

Initials

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

X

Host Local Union No:

Clearance

Date:

Authorized Union
Representative Signature

Host Local Union Fringe

Rate Dispatched at:

Pension \$

Health & Welfare \$

*Send completed form to Cooperating
Host Trust Fund.

Northern California Laborers Vacation-Holiday Dues Supplement Authorization

I, _____ hereby authorize
(LiUNA Member Name)

the Laborers Vacation-Holiday Trust Fund for Northern California to deduct the Dues Supplemental amount specified in Section 28(d) of the NORTHERN CALIFORNIA LABORERS MASTER AGREEMENT; and any extensions and modifications thereof; and successor agreements thereto, (or the same or similar agreements to which the NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS is a party) from my undisbursed Vacation-Holiday Benefit, for all hours paid for or worked by me, on and after August 1 1974 and remit said Supplemental Dues amount directly to the NORTHERN

1

CALIFORNIA DISTRICT COUNCIL OF LABORERS.

This authorization may be revoked by me, in writing to the Laborers Vacation-Holiday Trust Fund, within the 30 day period prior to the expiration of said NORTHERN CALIFORNIA LABORERS MASTER AGREEMENT; and any extensions and modifications thereof; and successor agreements thereto; (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.

PLEASE COMPLETE THIS FORM IN FULL

Member Name: First

Middle

Last Name

Street Address

City

State

Zip Code

Social Security Number

Dispatching N.CA Local Union No.

Home Local Union

X

Signature of Laborer

Date Signed

LiUNA Member Number

NORTHERN CALIFORNIA LABORERS VACATION-HOLIDAY DUES SUPPLEMENT AUTHORIZATION

4780 Chabot Drive, Suite 200 | 4780 Chabot Drive, Suite 200

Telephone: 925-469-6800

Distribution:

-Local Union File

-NCA Laborers Trust Fund Office, (5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588)

VACATION-HOLIDAY / DIRECT DEPOSIT FORM

VACACIÓN-FERIADO / FORMA DE DEPÓSITO DIRECTO

*** PLEASE NOTE WE DO NOT DEPOSIT INTO PREPAID DEBIT CARD ACCOUNTS.**

*** POR FAVOR, TENGA EN CUENTA QUE NO DEPOSITAMOS EN CUENTAS PREPAGADAS DE TARJETA DE DÉBITO.**

Attach here

Bank Name and Address

My Name 101
My Address SO-9999/9999
My City, State, & Zip 20
Pay to the order of \$. Dollars
The Bank Name
Bank Address
11 123456789 12 34567890 11 101
9 Digit Bank Routing Number Your Account Number

If you **are enrolled** in Direct Deposit for Vacation-Holiday benefits you will receive two benefit disbursements, one at the end of April and the other at the end of October. If you **are not enrolled** in Direct Deposit, you will receive one benefit disbursement in the form of a paper check at the end of October.

Si usted **está inscrito** en el Depósito Directo para beneficios de Vacacione-Feriado, usted recibirá dos desembolsos de beneficios, uno a fines de abril y el otro a fines de octubre. Si usted **no está inscrito** en el Depósito Directo, usted recibirá un desembolso de beneficios en forma de cheque impreso a fines de octubre.

NAME/NOMBRE		SOCIAL SECURITY NO./SEGURO SOCIAL	
ADDRESS/DOMICILIO	STREET/CALLE	CITY/CIUDAD	ZIP CODE/CÓDIGO
FINANCIAL INSTITUTION/INSTITUCIÓN FINANCIERA			
BRANCH-OFFICE/DOMICILIO DE OFICINA	CITY/CIUDAD	STATE/ESTADO	ZIP CODE/CÓDIGO
* TYPE OF ACCOUNT AND ACCOUNT NUMBER (MARK 1 OPTION AND WRITE THE ACCOUNT NUMBER AND ROUTING NUMBER)			
<input type="checkbox"/> CHECKING	ACCOUNT NO.:	ROUTING NO.:	
You MUST enclose a personal check with your pre-printed name and address, marked "VOID" across the front OR a bank letter or statement stating your name, routing and account number. / Usted DEBE adjuntar un cheque personal con su nombre y domicilio pre-impreso y marcado "VOID" a través del frente O una carta o estado bancario que indique su nombre, y numero de ruta e cuenta.			
<input type="checkbox"/> SAVINGS	ACCOUNT NO.:	ROUTING NO.:	
You MUST provide a bank letter or statement stating your name, routing and account number. / Usted DEBE proporcionar una carta o estado bancario que indique su nombre, y numero de ruta e cuenta.			
I hereby authorize Laborers Vacation-Holiday Trust Funds for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Funds.			
PARTICIPANT SIGNATURE/FIRMA:		DATE/FECHA:	

To get your benefit faster, complete and return this Authorization Form with the requested documentation by:
Para obtener su beneficio mas rápido, complete y devuelva este Formulario de Autorización con la documentación solicitada por:

1. Email to / Correo electrónico a GoGreen@lfao.org
2. Mail or drop off at / Envie por correo o entrega

LABORERS FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA, INC.
5672 STONERIDGE DRIVE, SUITE 100
PLEASANTON CA 94588