



First Time Travelers Registration Packet

This 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 Packet

Visiting Contractors: This Four-Form Registration Packet is intended to be provided to, and utilized by, Out-of-Area 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 member, whose Union membership is outside of the Northern California jurisdiction.

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 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 Packet:

1. Visiting Member/LiUNA Traveler Registration – Beneficiary Information Form. (*)
2. Authorization to Transfer Contributions, Money-Follows-Member Agreement. (*)
3. N.CA Laborers Vacation-Holidays Dues Supplemental Authorization. (*)
4. *Optional:* Bank Direct-Deposit Form for Members Vacation Monies. (*) (Highly Recommended)

(*) All documents must have member's signature

Next Steps

1. N.CA Local Union Field Representatives convey this Packet to visiting Contractors
2. Visiting Contractors when applicable, have:
 - a. Contractor's Office/Payroll coordinate time with the Traveling LiUNA Member.
 - b. Print the forms for the traveling LIUNA Member to complete.
 - c. Have Traveling LiUNA member execute signatures on pages 2-5 were indicated.
 - d. Return documents to N.CA Local Union Field Representatives for signature by Local Union.
3. N.CA Local Union transmits pages 2-5 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.



PLEASE BE AWARE THAT YOU MUST COMPLETE ALL FORMS BEFORE SUBMITTING YOUR PACKET.

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

PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER		NAME: FIRST		MIDDLE	LAST
PHYSICAL ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	ZIP CODE
HOME PHONE: CELL PHONE ☎:		E-MAIL ADDRESS, IF ANY		LOCAL UNION NO.	<input type="checkbox"/> <i>Quando posible prefiero recibir información de beneficios en español.</i>
DATE OF BIRTH	MONTH / DAY / YEAR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PRESENT MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED → (date of marriage) →	MONTH / DAY / YEAR	PRIOR MARRIAGE* (if applicable) NAME OF EX-SPOUSE _____ DATE OF DIVORCE _____

Beneficiary Information – Designation of Beneficiary for Death Benefits

- 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.
- 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
- 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 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 Code
		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.

Member Signature: _____ **Date:** _____

LOCAL UNION USE ONLY

LOCAL NO.	INITIALS	DATE
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DOC#: _____ **DEPT:** _____ **FORM:** _____ **REV:** _____ **WEB:** _____

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

Host Pension Trust: _____

Host Health & Welfare Trust: _____

I have been transferred by my employer from work within the jurisdiction of the Home Trusts, indicated below, to the jurisdiction of the Host Trusts. I have been cleared through the hiring hall of **Host Local Union No.** _____ to work in the jurisdiction of the Host Trusts. I hereby elect to the extent that the Host Trusts and the Home Trusts have agreed through the execution of Money-Follows-the-Member Agreements, to have the 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 Trust.

Home Pension Trust: _____

Home Health & Welfare Trust: _____

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

I understand that this authorization must be filed with the Administration Office of the Host Trusts within 90 days following the beginning of my employment within the 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 Host Trusts and the Home Trusts. If this authorization is filed within the 90-day period, contributions are transferred for hours worked commencing on the date of my employment in the Host Trusts' jurisdiction, unless benefits have been paid. If benefits have been paid by the Host 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 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 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 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 an 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 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 ID#: _____ Home Local Union: _____

Member Full Name: _____ SSN: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Member Signature: _____ Date: _____

_____ 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

Host Local Union No: _____ Clearance

Host Local Union Fringe Rate Dispatched at: Pension \$ _____ Health & Welfare \$ _____

Authorized Union Representative Signature: _____ Date: _____

***Send completed form to Host Trust Fund.**

**NORTHERN CALIFORNIA LABORERS VACATION-HOLIDAY DUES
SUPPLEMENT AUTHORIZATION**

5672 Stoneridge Drive, Suite 200, Pleasanton, CA 94588
925-469-6900 | laborers@ncdcl.org

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 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.

LiUNA ID#: _____ Home Local Union: _____ Dispatching N. CA Local Union No.: _____

Member Full Name: _____ SSN: _____

Home Address: _____ City: _____ State: _____ Zip: _____

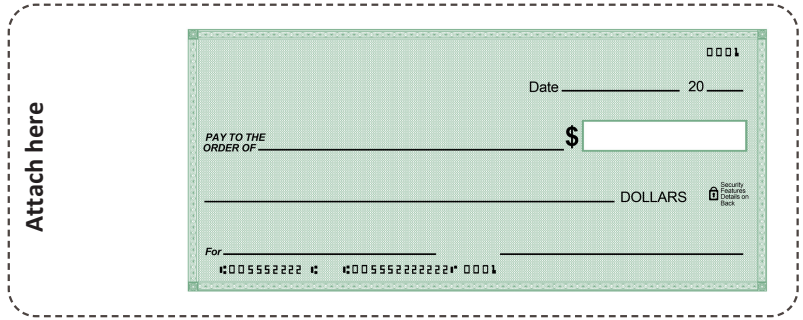
Member Signature: _____ Date: _____

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.**



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 Vacaciones-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	
PHONE NUMBER/NÚMERO DE TELÉFONO		EMAIL/CORREO ELECTRÓNICO	
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.: _____		<input type="checkbox"/> 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 número de ruta e cuenta.			
<input type="checkbox"/> SAVINGS ACCOUNT NO.: _____		<input type="checkbox"/> 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>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.</i>			
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 customerservice@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