

POSTAGE
REQUIRED



Iron Workers District Council (Phila. & Vicinity)
Benefit Plan
1807 Spring Garden Street
Philadelphia, PA 19130-3916

POINT OF CLAIM RECIPROCITY

Please be advised that I have been employed outside the Philadelphia District Council. Due to this my eligibility for health benefits will be terminated on _____ . In the event that this causes any claims to be denied please use this as your authorization to request a transfer of Health Benefit contributions as per the International Point of Claim Reciprocity Agreement.

The Local(s) I have been working out of _____

The months of employment in those Locals _____

Print Name

Signature

X	X	X	-	X	X	-				
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SS# (Enter last 4 Digits)

Date