

THE BAC RECIPROCAL AGREEMENT

EMPLOYEE RECIPROCAL AUTHORIZATION AND RELEASE

Please check all Boxes That Apply:

The participating defined benefit pension fund Bricklayers and Allied Craftworkers International Pension Fund receiving contributions for work performed in the jurisdiction of BAC Local 1 CT is located at 620 F Street, Washington, DC 20004.

The participating defined contribution fund International Union of Bricklayers and Allied Craftworkers Retirement Savings Plan receiving contributions for work performed in the jurisdiction of BAC Local 1 CT is located at 620 F Street, Washington, DC 20004.

The participating health and welfare fund Local 1 Connecticut Health Fund receiving contributions for work performed in the jurisdiction of BAC Local Union 1 CT is located at 10 Technology Drive, Wallingford, CT 06492.

This authorization is voluntarily given by me and my instance, and shall remain in full force and effect until I have not worked in the area covered by this pension and/or health and welfare fund(s) for a period of one year or until the last day of the month in which my written request to cancel this authorization is received by the administrator of this pension and/or health and welfare fund(s).

All of the following information must be completed

SIGNATURE _____ DATE _____

NAME (PRINT) _____ PHONE _____

HOME ADDRESS _____
(street) (city) (state, zip)

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ LOCAL NO _____

1. NAME OF HOME FUND:
(defined benefit) _____

Address: _____

2. NAME OF HOME FUND:
(defined contribution) _____

Address: _____

3. NAME OF HOME FUND:
(health & welfare) _____

Address _____

Forward to the Bricklayers and Trowel Trades International and your Local Union.