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**TRANSFER****OPERATING ENGINEERS LOCAL 101****AUTHORIZATION****FRINGE BENEFIT FUNDS**

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Participant's Name

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Member of Local

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Participant's Mailing Address

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Participant's Social Security Number

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Telephone Number

My signature authorizes the Administrator of the Fringe Benefit Plans for Operating Engineers Local \_\_\_\_\_ to transfer any and all employer contributions made on my behalf to the Administrator of the Fringe Benefit Plans for Operating Engineers Local \_\_\_\_\_.

This transfer will apply to:  Health and Welfare

Check one or both

Pension

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Participant's Signature

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Date

Transfers can be made only for the actual amount paid and recorded in the Fund Office.

In the case of a pending Health & Welfare claim, a special transfer may be arranged between Plan Administrators.

Transfers can be made only to, or from, Funds that have signed agreements. If this transfer request cannot be honored because of no agreement, the member will be notified.

**Mail Completed Form To:** Operating Engineers Local 101 Fringe Benefit Funds  
6601 Winchester Avenue – Suite 250  
Kansas City, MO 64133  
816-737-5959