

Carpenters & Piledrivers Local Union No. 1846

**Central South Carpenters Regional Council
United Brotherhood of Carpenters & Joiners of America**



RECIPROCAL BENEFIT FORMS

Brothers & Sisters

Attached in this section are the three (3) reciprocal benefit forms for Carpenters & Piledrivers Local Union 1846. When printing out a form please make sure you are printing out the correct form for the area where you live as a member of Local Union 1846. If you are not sure which form you need please review the attached map. For Example:

If you are a member of Local Union 1846 living in Louisiana that is Area L-6.

If you are a member of Local Union 1846 living in Mississippi on the Gulf Coast & Lower/Southern MS that is Area M-7.

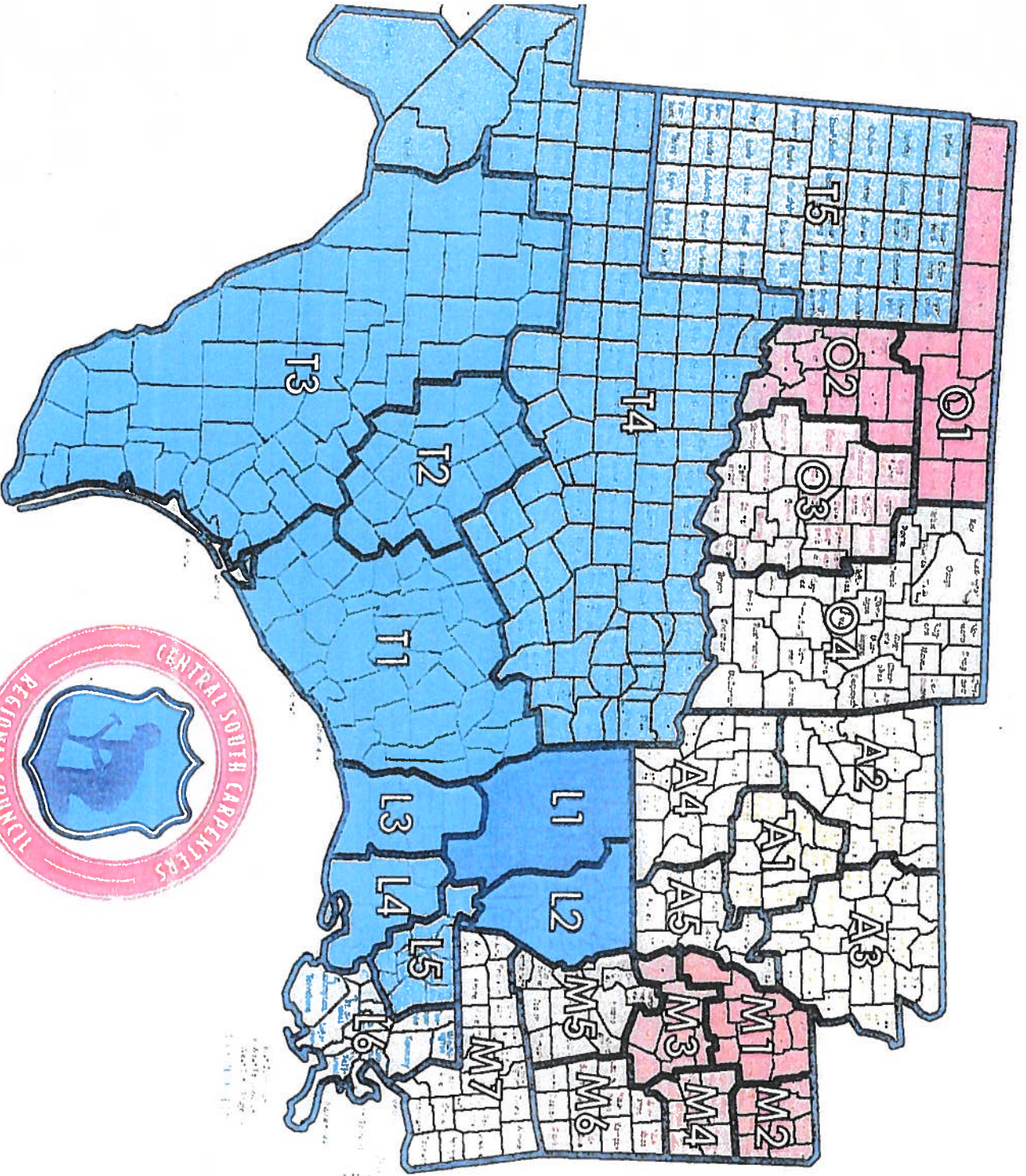
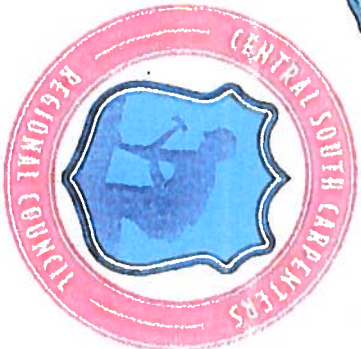
If you are a member of Local Union 1846 living in Mississippi in Central & Northern MS that is Area M-1 through M-6.

Once you print out the correct Reciprocal Benefit you must fill it out and turn it is to the Benefit/Fund office in the area you are working for example Pittsburgh. It is also a good idea to follow up by calling your Local Fund office two (2) months after you turn the form in to make sure your benefits are being sent home to your correct fund office.

If you have any questions on the process, please do not hesitate to contact our office at 504-822-2243.

Fraternally

CARPENTERS & PILEDRIERS LOCAL UNION 1846



- T1 - Local 551 - Houston, TX
- T2 - Local 1266 - Austin, TX
- T3 - Local 14 - San Antonio, TX
- T4 - Local 429 - Arlington, TX
- T5 - Local 655 - Amarillo, TX
- O1 - Local 329 - Woodward, OK
- O2 - Local 329 - Elk City, OK
- O3 - Local 329 - Oklahoma, OK
- O4 - Local 943 - Tulsa, OK
- A1 - Local 690 - Little Rock, AR
- A2 - Local 71 - Fort Smith, AR
- A3 - Local 1836 - Rustleville, AR
- A4 - Local 690 - Jonesboro, AR
- A5 - Local 690 - El Dorado, AR
- M1 - Local 1845 - Batesville, MS
- M2 - Local 1846 - Tupelo, MS
- M3 - Local 1846 - Greenwood, MS
- M4 - Local 1846 - Starkville, MS
- M5 - Local 1846 - Jacksonvillie, MS
- M6 - Local 1846 - Meridian, MS
- M7 - Local 1846 - Pascagoula, MS
- L1 - Local 1098 - Shreveport, LA
- L2 - Local 1098 - Monroe, LA
- L3 - Local 1098 - Lake Charles, LA
- L4 - Local 1098 - Lafayette, LA
- L5 - Local 1098 - Baton Rouge, LA
- L6 - Local 1846 - New Orleans, LA
- NM - Local 1245 - Las Cruces, NM

Source: Regional Council of Carpenters

**LOCAL 1846 LOUISIANA AREA L-6
RECIPROCAL TRANSFER NOTIFICATION
(Health, Pension and Supplemental/Annuity)**

2850 Massachusetts Ave, 2nd FL

Metairie, LA 70003

Phone: 504-313-0576

Fax: 504-636-6142

Authorization of Contribution Transfer for L U 1846 Louisiana Area
To
Zenith American Solutions
By

Participant: _____ Social Security# _____

Address: _____ **Home Fund**
_____ **Louisiana Local 1846 Area L-6**

Under the Terms of United Brotherhood of Carpenters and Joiners of America:

1. Master Reciprocal Agreement for Health Fund
2. The International Reciprocal Agreement for Carpenters Pension Fund
3. The International Reciprocal Agreement for Carpenters Annuity
(Supplemental Retirement) Funds

I hereby designate Gulf Coast Carpenters & Millwrights Health Trust Fund as my Home Funds. I hereby authorize and request that all contributions made for work performed in the jurisdiction of:

Health, Pension and Annuity Funds be transferred to my Home Fund.

I understand that the signatory Fund(s) will act solely as the Agent of the designated Home Fund(s) and as such, I shall be subject to the eligibility rules of my Home Fund(s) upon the transfer of Contributions, under the terms of the two International Carpenters Agreements mentioned above.

I hereby release (on behalf of myself as well as on my behalf of anyone claiming through me) and further discharges and signatory participating Fund(s) and their Trustees of and from all claims, demands, action, 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 had I not authorized this transfer of Contributions. I further recognize that the transfer of Contributions to the above noted Home Fund(s) may or may not ultimately prove to be to the advantage of myself and or my beneficiaries.

Signed: _____ Date: _____

The Original of this authorization is on file with the Home Fund in the name of the above participant. Copy may be used with various funds signatory to the United Brotherhood of Carpenters and Joiners of America, Reciprocal Agreement and will remain in effect until 90 days after it is canceled in writing by the above participant.

Gulf Coast Carpenters & Millwrights Health Trust Zenith American Solutions 2850 Massachusetts Ave, 2 nd Floor Metairie, LA 70003
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New Orleans Carpenters Pension Fund Zenith American Solutions 2850 Massachusetts Ave, 2 nd Floor Metairie, LA 70003

Supplemental Pension/Annuity Central South Carpenters & Millwrights Defined Contribution Fund; C/O Southern Benefits Administrators 2001 Caldwell Drive Goodlettsville, TN 37072

Updated 10/2020

**LOCAL 1846 Mississippi Areas M1-M6
CENTRAL and NORTHERN MISSISSIPPI
RECIPROCAL TRANSFER NOTIFICATION
(Health, Pension and Supplemental/Annuity)
C/O Southern Benefits Administrators, Incorporated**

**P. O. Box 1449
Goodlettsville, TN 37070-1449
Fax 615-855-6105**

**Authorization of Contribution Transfer for L U 1846 Mississippi Area M1-M6
To
Southern Benefits Administrators, by**

**Participant: _____ Social Security# _____
Address: _____ Home Fund MS. LU 1846
_____ Central & Northern Areas M1-M6**

Under the Terms of United Brotherhood of Carpenters and Joiners of America:

- 1. Master Reciprocal Agreement for Health and Welfare Fund**
- 2. The International Reciprocal Agreement for Carpenters Pension Fund**
- 3. The International Reciprocal Agreement for Carpenters Annuity
(Supplemental Retirement) Funds**

I hereby designate Mid-South Carpenters Regional Council Health and Welfare Fund Escrow Account as my home Funds location. I hereby authorize and request that all contributions made for work performed in the jurisdiction of:

Welfare, Pension and Annuity Funds be transferred to my Home Fund.

I understand that the signatory Fund(s) will act solely as the Agent of the designated Home Fund(s) and as such, I shall be subject to the eligibility rules of my Home Fund(s) upon the transfer of Contributions, under the terms of the two International Carpenters Agreements mentioned above.

I hereby release (on behalf of myself as well as on my behalf of anyone claiming through me) and further discharges and signatory participating Fund(s) and their Trustees of and from all claims, demands, action, 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 had I not authorized this transfer of Contributions. I further recognize that the transfer of Contributions to the above noted Home Fund(s) may or may not ultimately prove to be to the advantage of myself and or my beneficiaries.

Signed: _____ Date: _____

The Original of this authorization is on file with the Home Fund in the name of the above participant. Copy may be used with Various funds signatory to the United Brotherhood of Carpenters and Joiners of America, Reciprocal Agreement and will remain in effect until 90 days after it is canceled in writing by the above participant.

**Health:
Mid-South Carpenters Regional Council
Health & Welfare Fund: C/O
Southern benefits Administrators, Inc.
P O Box 1449
Goodlettsville, TN 37070-1449**

**Pension Current until 12-31-2020
Carpenters Labor-Management Pension Fund
Zenith American Solutions
1300 South Meridian, Suite 125
Oklahoma City, OK 73108**

**Supplemental:
Central South Carpenters & Millwrights
Defined Contribution Fund: C/O
Southern benefits Administrators, Inc.
P O Box 1449
Goodlettsville. TN 37070-1449**

**Pension Effective 1-1-2021
Carpenters Labor-Management Pension Fund
Southern benefits Administrators, Inc.
P O Box 1449
Goodlettsville, TN 37070-1449**

**LOCAL 1846 Mississippi Area M-7
AFL-AGC MISSISSIPPI GULF COAST
RECIPROCAL TRANSFER NOTIFICATION**

**(Welfare, Pension and Supplemental/Annuity)
C/O Southern Benefits Administrators, Incorporated
P. O. Box 1449
Goodlettsville, TN 37070-1449
Fax 615-859-1449**

**Authorization of Contribution Transfer
To
Southern Benefits Administrators, by**

Participant: _____ **Social Security#** _____
Address: _____ **Home Fund AFL-AGC**
_____ **Gulf Coast, MS. #1846 Area M-7**

Under the Terms of United Brotherhood of Carpenters and Joiners of America:

- 1. Master Reciprocal Agreement for Health and Welfare Fund**
- 2. The International Reciprocal Agreement for Carpenters Pension Fund**
- 3. The International Reciprocal Agreement for Carpenters Annuity
(Supplemental Retirement) Funds**

I hereby designate AFL-AGC Account as my home Funds location. I hereby authorize and request that all contributions made for work performed in the jurisdiction of:

Welfare, Pension and Annuity Funds be transferred to my Home Fund.

I understand that the signatory Fund(s) will act solely as the Agent of the designated Home Fund(s) and as such, I shall be subject to the eligibility rules of my Home Fund(s) upon the transfer of Contributions, under the terms of the two International Carpenters Agreements mentioned above.

I hereby release (on behalf of myself as well as on my behalf of anyone claiming through me) and further discharges and signatory participating Fund(s) and their Trustees of and from all claims, demands, action, 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 had I not authorized this transfer of Contributions. I further recognize that the transfer of Contributions to the above noted Home Fund(s) may or may not ultimately prove to be to the advantage of myself and or my beneficiaries.

Signed: _____ **Date:** _____

The Original of this authorization is on file with the Home Fund in the name of the above participant. Copy may be used with Various funds signatory to the United Brotherhood of Carpenters and Joiners of America, Reciprocal Agreement and will remain in effect until 90 days after it is canceled in writing by the above participant.

Welfare: AFL-AGC Welfare Fund P. O. Box 1492 Mobile, AL 36633

Pension AFL-AGC Pension Fund P. O. Box 1492 Mobile, AL 36633
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Supplemental: Mid-South Carpenters Regional Council Annuity Plan; C/O Southern Benefits Administrators, Inc. P O Box 1449 Goodletteville, TN 37070-1449
