

**Painters and Allied Trades District Council 82 Health Care Plan  
Inter-Plan Reciprocal Agreement Authorization to Transfer Contributions**

Name \_\_\_\_\_ Social Security No \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Local Union No \_\_\_\_\_  
\_\_\_\_\_ Home Local Area \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

The Painters and Allied Trades District Council 82 Health Care Plan (DC 82 Plan) has three different sub health-plans within it, Coverage(s) A, B and C.

I am currently a participant in Coverage (\_\_\_) (Home Plan).

I am currently working for an employer that is required to make contributions to Coverage (\_\_\_) (Away Plan).

I hereby elect, pursuant to the terms of my Home Plan, to have contributions paid on my behalf while working for an employer required to contribute to my Away Plan, reciprocated to my Home Plan.

I understand that the contribution amounts made on my behalf while working for an employer required to contribute to an Away Plan may be different than the contributions required for my Home Plan. As a result, I acknowledge that the transfer of contributions to my Home plan from my Away Plan may or may not ultimately prove to be to the advantage of myself and/or my beneficiaries.

Submit Inter-Plan Reciprocity Form To:

Wilson-McShane Corporation  
3001 Metro Drive, Suite 500  
Bloomington, MN 55425  
(phone) 952-954-0795  
(fax) 952-854-1632

Please reciprocate all **Health and Welfare** contributions to my Home Plan:

**Yes No** Please circle one

If yes, please designate DC 82 Home Plan : \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_