

EMPLOYEE FRINGE BENEFIT RECIPROCALITY AGREEMENT

Name _____, SSN _____, Union Registration No. _____, is a member of the International Union of Operating Engineers. The home local for this individual is Local # _____, located in the State of _____.

This individual is working for the Employer _____ on the _____ project, located in the State of _____, approximately _____, 20____, and to end approximately _____, 20_____.

This individual _____ (*individual's Signature*) _____ (*date signed*) is requesting fringe benefit reciprocity by (note one):

_____1. a formal reciprocity agreement between the employee fringe benefit trust funds of the individual's home local and the local union having jurisdiction of the work.

_____2. a key man agreement between the employer and the local union having jurisdiction for the work that provides for fringe benefit reciprocity.

_____3. a labor agreement whose terms provide for fringe benefit reciprocity (*name of Agreement*) _____.

_____4. permission of the local union who has jurisdiction for the work being performed.

Business Manager's (or his designated representative) Signature: _____

The employer will remit employee fringe benefits on behalf of the individual named in this Agreement in the amount required by the labor agreement covering the work, as follows:

Home Local Fringe Benefit Trust Fund

Local Having Jurisdiction Fringe Benefit Trust Fund

	Hourly Amount		Hourly Amount
<u>Health and Welfare</u>	\$ _____	<u>Health and Welfare</u>	\$ _____
<u>Pension</u>	\$ _____	<u>Pension</u>	\$ _____
<u>Apprenticeship</u>	\$ _____	<u>Apprenticeship</u>	\$ _____
<u>Other</u>	\$ _____	<u>Other</u>	\$ _____

Copy of this agreement to be sent to:

- | | | |
|------------------------|----------------------------|---|
| 1. Affected individual | 2. Individual's home local | 3. Local having jurisdiction |
| 4. Employer | 5. Home local trust fund | 6. Local having jurisdiction trust fund |

dh/opeiu#5/afl-cio

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