UFCW TRUST
Working For Your Benefit

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www.ufcwtrust.com

REQUEST FOR TRANSFER OF ELIGIBILITY CREDITS

This form must be completed by the person transferring employment from the jurisdiction of one participating UFCW Health and Welfare fund to another. It should be deposited with the new Fund either directly or through the office of the new Union Local within 60 days after the start of employment in the new area.

PARTICIPATING RETAIL CLERKS WELFARE FUNDS

Please check the appropriate boxes showing the Welfare fund within whose jurisdiction you worked **BEFORE** and the Fund within whose jurisdiction you are **NOW** employed.

Before	Now	
[ ]	[ ]	UFCW & Employers Benefit Trust Fund PO Box 4100 Concord, CA 94524-4100
[ ]	[ ]	UFCW Comprehensive Benefits Trust Fund PO Box 4100 Concord, CA 94524-4100
[ ]	[ ]	So. Ca. Retail Clerks Union & Food Employers Benefit Fund 6425 Katella Cypress, CA 90630
[ ]	[ ]	So. California Drug Benefit Fund PO Box 27920 Los Felix Station Los Angeles, CA 90027
[ ]	[ ]	No. Ca. Wholesale Butchers Unions & Employers Trust Fund 1640 South Loop Rd Alameda, CA 94502
[ ]	[ ]	UFCW No. Ca & Drug Employers Health & Welfare Trust Fund PO Box 4100 Concord, CA 94524-4100

PLEASE PRINT

Member ID Number or Social Security Number:		
Employee's Name (Please Print):		
Name of Old Employer:	Old Union Local	Termination Date
Name of New Employer:	New Union Local	Starting Date

Employee's Signature | Home or Cell Number | Date Completed

Union Benefit Clerk's Signature | Date Completed