



Mail: P. O. Box 4100 · Concord, CA 94524-4100  
Telephone: (800) 552-2400 · Facsimile: (925) 746-7549  
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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | UFCW & Employers Benefit Trust Fund<br>PO Box 4100 Concord, CA 94524-4100    |
| <input type="checkbox"/> | <input type="checkbox"/> | UFCW Comprehensive Benefits Trust Fund<br>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

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Employee's Signature

Home or Cell Number

Date Completed

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Union Benefit Clerk's Signature

Date Completed