

**NOTICE AND REQUEST FOR
RECIPROCAL EMPLOYER CONTRIBUTIONS**

TO: THE ADMINISTRATION OFFICE OF:

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I AM A MEMBER OF (Local #:) _____
AND MY HOME FUND HEALTH AND WELFARE ADMINISTRATOR IS:

SOUTHERN PAINTERS WELFARE FUND
5 HOT METAL STREET, SUITE 200
PITTSBURGH, PA 15203
PHONE: 1-844-851-7293

FROM AND AFTER RECEIPT OF THIS NOTICE WILL YOU KINDLY REPORT AND REMIT TO THE
ADMINISTRATION OFFICE OF MY HOME FUND THE AMOUNT OF ALL HEALTH AND WELFARE EMPLOYER
CONTRIBUTIONS RECEIVED ON MY BEHALF BY YOUR ADMINISTRATION OFFICE.

I UNDERSTAND AND AGREE THAT THIS NOTICE AND REQUEST WILL REMAIN IN FORCE AND EFFECT
UNTIL CANCELLED BY WRITTEN COMMUNICATION FROM ME, OR OTHERWISE RENDERED INOPERATIVE
AS THE RESULT OF ACTION TAKEN BY MY HOME FUND OR THE RECIPROCATING FUND.

MEMBER NAME

_____ (Please Print)

SOCIAL SECURITY NUMBER _____

Street Address

City, State, Zip Code

PHONE NUMBER _____

DATE _____

MEMBER'S SIGNATURE _____