

EMPLOYEE FRINGE BENEFIT RECIPROCITY 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 designated representative's) 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:

Table with 4 columns: Home Local Fringe Benefit Trust Fund, Hourly Amount, Local Having Jurisdiction Fringe Benefit Trust Fund, Hourly Amount. Rows include Health & Welfare, Pension, Apprenticeship, and Other.

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

Remit to: _____

Address: _____

_____, _____

Operating Engineers Local 9
Health & Welfare
Trust Fund for Colorado
P.O. Box 564
Arvada, CO 80001-0564
(303) 412-9021