

Tennessee Valley Painters Health Fund

P.O. Box 1449

Goodlettsville, TN 37070-1449

Phone: 800-831-4914 Fax: 615-855-6105

Reciprocal Request Notification
(must be completed in its entirety)

Participant Information

Social Security Number	
Name	
Street Address	
City, State, Zip Code	
Phone Number	

Home Fund Information

Home Local Union Number	
Name of Home Health Fund	

Cooperating Outside Fund Information (local where work was performed outside your home local)

Outside Local Union Number	
Name of Outside Health Fund	

I hereby elect to have contributions paid on my behalf to the Cooperating Outside Fund(s) sent to my Home Fund(s). This authorization shall continue until revoked by me in writing and delivered to the Home Fund(s) and the Outside Fund(s).

Participant's Signature _____ **Date** _____