

**Local Union 831 Trust Fund**  
**4399 Santa Anita Ave., Suite 150, El Monte, CA 91731**  
**Phone: 626-279-3080      Fax: 626-279-3055**

**Request for Transfer of Hours and Contributions  
(Health and Welfare) to my Home Trust**

I am a participant in Local Union 831 Trust Fund Health and Welfare Trust ("Home Trust") where my Health and Welfare contributions are normally made.

I will be working for \_\_\_\_\_ in the county of \_\_\_\_\_, Local \_\_\_\_\_.

I hereby request to have the cooperating Trust transfer to my Home Trust my Health and Welfare hours and contributions made on my behalf. My request shall be applied for the hours I worked beginning with the following work month:

Work Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Authorization shall be effective for a period of six months**

\_\_\_\_\_  
Print Employee's Full Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
Employee's Phone Number

\_\_\_\_\_  
Employee's Permanent Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Witnessed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed form to the cooperating Trust within 60 days of the contractor's contribution due date. The completion of this form may be witnessed by your Contractor, Business Representative or Trust Representative.

**Payable to:**

**Local Union 831 Health & Welfare Trust Fund**

**Remit to:**

**Local Union 831 Health & Welfare Trust Fund**

**Attn: Suzy Yslas-Leuma/Reciprocity**

**4399 Santa Anita Ave., #150**

**El Monte, CA 91731**

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**Phone: 626-279-3072**