

# Todd O'Dell 's Reciprocity Agreement

## Submission Information

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**Participant Name**            **Social Security Number**  
Todd O'Dell                    361548093

I request and authorize that the Board of Trustees of the Local 841 Health and Welfare Fund to transfer to my Home Health and Welfare Fund all contributions made on my behalf to its Fund hereafter and within six months prior to the date this authorization request is received by the Fund, unless and until this authorization is revoked in writing. In support of this request, I state as follows:

1. I am a member of IUOE Local No. 150 and my Union Registration No. is 2300689
2. My Home Health and Welfare Fund is Local 150
3. I understand that, upon approval of my request to transfer, I cannot later request that any contributions which may be transferred to my Home Fund be transferred back to the transferring Fund.
4. I understand that, upon approval of my request to transfer contributions, my and my dependents' eligibility for benefits and all other participant rights shall be determined exclusively by the terms of my Home Fund's plan and rules, and not by the terms of the transferring Fund's plan and rules.
5. By making this request, I waive and release, on behalf of myself and my dependents, any and all claims against both Funds and their fiduciaries relating to whether the transfer of contributions is in my or their best interests.

**Street Address**            **City**                            **State**                            **Zip Code**  
497 Rock Creek Dr        Manteno                        Illinois                        60950

**Phone Number**  
815 573 3049

**Date**  
March 5, 2025

**Signature**  
*Todd O'Dell*