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TRANSFER FORM

CULINARY HEALTH AND PENSION FUNDS

Employees transferring from a non-bargaining unit position to a bargaining unit position with the same Current Contributing Employer.

You **MUST** complete the following to begin your health insurance and pension contribution coverage.

EMPLOYEE INFORMATION			
TODAY'S DATE:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY #:	
EMPLOYEE NAME:	DATE OF BIRTH:	PHONE #:	
ADDRESS:			
EMPLOYER:		ORIGINAL HIRE DATE:	
POSITION TRANSFERRING FROM:	POSITION TRANSFERRING INTO:	TRANSFER DATE	
DATE COMPANY INSURANCE ENDS:		DATE CULINARY INSURANCE STARTS:	
EMPLOYEE SIGNATURE:			DATE:

COMPANY VERIFICATION		
COMPANY NAME:	PHONE NUMBER:	
CONTACT PERSON:	TITLE:	DATE: