



LOCAL UNION 180

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

SERVING NAPA AND SOLANO COUNTIES SINCE 1901

Jeremy Peconom  
PRESIDENT

Herb Watts  
BUSINESS MANAGER

### Clearing into Local Union 180

The policy of Local Union 180 is to clear-in manpower at the job site and not require contractors to send employees to the Union Hall on company time OR have your employees do this on their personal time.

Three forms are required to be on file to clear-in:

- ↪ Authorization for Representation
- ↪ Employment Registration
- ↪ 401(a) / VEBA Selection

In addition, employees must be on **ERTS** (Electronic Reciprocity Tracking System) the registration for on-line reciprocity reporting. This is done one time and does not need to be resubmitted. We can confirm ERTS by checking the employee's SSN on-line.

We have the required forms on our web site\* to assist in clearing in your employees. These forms are Adobe PDF interactive forms that can be completed on the computer, signed and then we will pick them up at the job site.

Thank you for your cooperation

\* [www.ibewlu180.org](http://www.ibewlu180.org) and click on "forms" on the left

AUTHORIZATION FOR REPRESENTATION

I authorize Local Union No. 180 of the International Brotherhood of Electrical Workers to represent me, as my NLRA Section 9(a) bargaining representative, in collective bargaining with my present and future employers on all present and future jobsites within the jurisdiction of the Union. This Authorization is non-expiring, binding, and valid until such time as I submit a written revocation.

Name [ ] Social Security No. [ ]
Home Address [ ]
City [ ] State [ ] Zip [ ]
Phone [ ]
Date of Authorization [ ] Signature [ ]

For Foreman - Site Phone Number: \_\_\_\_\_

JOB SITE: \_\_\_\_\_

EMPLOYMENT REGISTRATION
Name [ ]
Social Security # [ ]
Address [ ]
City [ ] State [ ] Zip [ ]
Member Local # [ ] Card # [ ] Classification [ ]
Phone [ ] Date of Birth [ ]
I hereby authorize and direct my employer to deduct from my pay an amount equal to 6% of my gross wages for working dues in accordance with provisions in the current bargaining agreement, and to pay same to IBEW, Local 180. This authorization is voluntarily made, and is not conditioned on my present or future membership in the Union. I acknowledge that payments covered by this authorization are not deductible as charitable contributions for federal income tax purposes.
Date [ ] Please Sign \_\_\_\_\_
Dispatched to \_\_\_\_\_ Date \_\_\_\_\_

Local Union 180 Clearance Form.
Adobe PDF Document with interactive
from fields that can be filled in on

# Local Union 180 Napa~Solano County



To sign up you will need to accept the following and fill out the form below. Return the signed and accepted information by mail or fax

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## Defined Benefit Pension Fund

In order to receive pension related credits in my home Defined Benefit pension fund (home DB fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DB fund. I also authorize my home DB fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules which take into consideration any difference in contribution rates between the transferring fund(s) and home DB fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DB fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DB fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept     I Don't Accept

## Defined Contribution Pension Fund

In order to receive pension related credits in my home Defined Contribution pension fund (home DC fund) while working outside its jurisdiction, I hereby authorize all pension funds signatory to the Electrical Industry Pension Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home DC fund. I also authorize my home DC fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home DC fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring pension fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home DC fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home DC fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept     I Don't Accept

## H&W Fund

In order to re-establish or preserve continuity of my eligibility in my home Health & Welfare (H&W) fund while working outside its jurisdiction, I hereby authorize all Health & Welfare funds signatory to the Electrical Industry Health & Welfare Reciprocal Agreement to receive all contributions for my hours worked within the area covered by any such fund(s) and to transfer such hours and an equivalent amount of money to my home H&W fund. I also authorize my home H&W fund to accept and apply these transferred hours and monies pursuant to its rules, including any rules, which take into consideration any difference in contribution rates between the transferring fund(s) and home H&W fund. I agree to have my eligibility and benefits determined by the rules of my Home H&W fund and that my Home Fund may also require that I pay any difference in contribution rates and my failure to make payment in a timely manner could result in loss of coverage. I further understand and agree that I will receive the lesser of the amount provided in the current Collective Bargaining Agreement in effect in the jurisdiction of my home fund or the amount provided by the Collective Bargaining Agreement in effect in the jurisdiction of any participating fund.

For hours and monies transferred pursuant to this authorization, I hereby waive any claim on my behalf or on behalf of anyone making a claim through me to any benefits from any transferring health & welfare fund(s) and release the fund(s) and its (their) trustees from any and all liability.

I also hereby give my express consent to the dissemination of information concerning me via the IBEW/NECA Electronic Reciprocal Transfer System (ERTS), including but not limited to name, address, Social Security or Social Insurance Number, and information submitted with reciprocal transfers pursuant to the Reciprocal Agreement (but not including my Employee's ERTS related personal identification number), to, but only to, authorized users of ERTS.

The effective date of this Authorization and Release shall be the first day of the month in which I have registered on ERTS, signed an Employee Confirmation form and designated a home H&W fund (if the Home Fund later accepts the designation).

This Authorization and Release is voluntarily given by me and at my instance and shall remain in full force and effect until the last day of the month in which I subsequently may choose pursuant to the terms of the Reciprocal Agreement to affirmatively effectuate a temporary cessation (that is, a cessation that lasts as long as I am working in the area of the specific fund(s) where I am working when I file the temporary cessation) or a permanent cessation (that is, a cessation that stops reciprocal transfers of reciprocal monies permanently to any fund(s)).

Absent such an affirmative step by me, the "blanket" nature of this Authorization and Release shall continue (that is, it will cover all instances where I am working outside of my home H&W fund's jurisdiction in the jurisdiction of any other signatory fund).

I Accept     I Don't Accept

# Participant Registration Form

\*Required Information

First Name:\* \_\_\_\_\_  
Last Name:\* \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address Line 1:\* \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City:\* \_\_\_\_\_  
State/Province:\* \_\_\_\_\_  
ZIP:\* \_\_\_\_\_  
SSN (USA): \_\_\_\_\_  
SIN (Canadian): \_\_\_\_\_  
IBEW Member Home Local Union Number: \_\_\_\_\_  
IBEW Card Number: \_\_\_\_\_  
Date of Birth :\* \_\_\_\_\_ (MM/DD/YYYY)  
Email Address: \_\_\_\_\_

## List of Home Fund Designations:

(Example: LU# and I for inside Example: 180-I)

(also enter trust name if more than one for your area)

Home Defined Benefit (DB) Pension Fund:\* \_\_\_\_\_  
Home Defined Contribution (DC) Pension Fund:\* \_\_\_\_\_  
Home Health & Welfare Fund:\* \_\_\_\_\_

As a plan participant in Pension and/or H&W fund(s) signatory to the Electrical Industry Pension Reciprocal and/or the Electrical Industry Health & Welfare Reciprocal Agreements I acknowledge and understand that by filing with and utilizing the IBEW/NECA Electronic Reciprocal Transfer System (ERTS) I am placing on file with ERTS a blanket, or ongoing, Authorization and Release(s) which authorizes a reciprocal transfer as provided in the respective Agreement of monies on my behalf by all funds signatory to the Agreements and that I agree to all the terms contained in the Authorization and Release(s). I acknowledge that this blanket Authorization and Release(s). Moreover, I agree to the legally binding effect on my use of an electronic signature on ERTS.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mail to: IBEW LU 180, 720-B Technology Way, Napa, CA 94558 or Fax: 707-251-8040**

Complete if you are not on ERTS or do not think you are on ERTS. If you know you are not on ERTS (first time traveling) then send this sheet to your home local so they can enter you.