PENSIONER STATUS FORM

THE PENSION, HOSPITALIZATION AND BENEFIT PLAN OF THE ELECTRICAL INDUSTRY - PENSION TRUST FUND

PROOF OF CONTINUED ELIGIBILITY

May 2016

The Trustees of the Pension, Hospitalization and Benefit Plan of the Electrical Industry – Pension Trust Fund ("the Plan") require that each person receiving benefits from this Plan verify his/her continued eligibility for pension benefits on an annual basis.

Therefore, in order to remain eligible for pension benefits from the Plan, you must complete this form and return it to the Pension Department at the Joint Industry Board no later than June 17, 2016. Failure to return this form will result in the suspension of your July 2016 pension benefit as well as any applicable medical benefits until such time as this notarized and completed form is received.

RECIPIENT INFORMATION to be completed by the pensioner
PLEASE COMPLETE THIS SECTION

I, _____ Social Security No: _____ Phone: _____

Hereby affirm that my present address is: (check box if this is a Change of Mailing Address ☐):

I declare that, to the best of my knowledge, the information on this form is true and correct.

_____
(Signature)

STATE OF)
) ss:
COUNTY OF)

On this _____ day of _____. 20____ before me personally came _____ to me known and known to me to be the individual described herein and who executed the foregoing document and acknowledged to me that _____ executed the same.

_____
(Notary Public)

IMPORTANT!

Failure to return this signed and notarized form will result in the suspension of your pension benefit until such time as a signed and notarized form is received by the Pension Department at the Joint Industry Board, located at 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365