

PENSIONER STATUS FORM
THE PENSION, HOSPITALIZATION AND BENEFIT PLAN OF THE ELECTRICAL
INDUSTRY - PENSION TRUST FUND
PROOF OF CONTINUED ELIGIBILITY

July 2020

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.

However, due to the COVID-19 Pandemic, this is the ONLY Pensioner Status Form being sent out this year. In order to comply with NYC Social Distancing Guidelines, the Trustees have also waived the Notarizing of this form for this year ONLY. 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 September 1, 2020. THIS IS YOUR ONLY NOTICE FOR THIS YEAR, and your failure to return this form will result in the suspension of your October 2020 pension benefit as well as any applicable medical benefits until such time as this 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: (Note: Corrections can be made on the lines below)

I affirm, under the penalty of law, that I am the authorized recipient of the monthly pension benefit, and to the best of my knowledge, the information on this form is true and correct.

(Signature)

IMPORTANT!

Upon receipt of the completed form, applicable medical benefits will be reinstated immediately; **HOWEVER, YOUR MONTHLY PENSION BENEFIT MAY BE DELAYED FOR UP TO 2 MONTHS**. Failure to return this signed form will result in the suspension of your pension benefit until such time as a signed form is received by the Pension Department at the Joint Industry Board, located at 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365

<barcode_number>