

# Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



www.tjc83funds.org  
8814 Fargo Road · Suite 200 · Richmond, VA 23229  
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

## Pension Application

Application can be returned to the Fund Office by mail or fax using the contact information above.

Social Security No. \_\_\_\_\_ Local Union No. \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street Address/P.O. Box  
City State Zip

Phone No. \_\_\_\_\_

Married? Yes No Spouse's Name \_\_\_\_\_  
Last First Middle

Spouse's Social Security No. \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Desired Pension Effective Date:

- Unless you are applying for a Disability Pension, this application must be on file at the Fund Office at least 2 full months prior to this date;
- And, the Plan pays the first of the month for that month.

- 01 -

Mo Day Yr

Date of Birth (submit a copy of birth certificate)

Mo Day Yr

Are you working now? Yes No

If yes, indicate date you plan to stop working \_\_\_\_\_

If no, date you last worked \_\_\_\_\_  
Mo Day Yr

**WARNING:** Any person who knowingly submits false or incomplete information on this reporting form may be subject to criminal prosecution under 18 U.S.C §1027, the penalty for which is a fine of \$10,000 or imprisonment of 5 years or both.

**Employment Record**

List all periods of employment starting with your present or most recent employer first. Indicate if you worked as a full-time (FT), casual (C), part-time (PT) or in a leased operation (L). If you plan to continue working after your pension effective date, you must indicate your current employment information here. (If you need additional space, please attach a separate piece of paper.)

Employer's Name, City, State	Position/ Type of Work	Period Employed				Local Union No.
		From		To		
		Month	Year	Month	Year	

**Military Record**

Branch of Service	From		To	
	Month	Year	Month	Year

If you are applying for a Disability or Early Vested Pension, you will need to submit a copy of your Social Security Disability Award letter. If not yet approved, indicate the date you applied for the Social Security Disability Award. \_\_\_\_\_

*Date*

Unless otherwise requested, I hereby authorize that my name can be listed for recognition in the Fund's newsletter, Twin Horse Crier, upon my retirement.

I hereby make application for Pension under the Teamsters Joint Council No. 83 of Pension Fund. If granted, I certify I will be retired within the meaning of Article 4, Section 4.11 of the Pension Plan as of the date listed in this application, and further, that I will remain retired within the meaning of the Pension Plan while I am receiving pension benefits from this Fund. The statements on this application are true to the best of my knowledge. I understand that I may be required to show proof of any statement I make in this application. I further understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me in reliance upon any false statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_