

# 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

---

## EARLY VESTED BENEFIT ELECTION/REJECTION FORM

### PLEASE CHECK ONE

Due to my disability, I elect to receive my pension benefits early, beginning \_\_\_\_\_ . I understand that the amount payable to me will be actuarially reduced from the amount payable at my vested retirement date under the Pension Plan.

**OR**

I reject the early vested benefits and wish to keep the effective date as \_\_\_\_\_, the first of the month following my 60<sup>th</sup> birthday which is my vested retirement date under the Pension Plan.

***NOTE: Once you retire, your pension benefit remains the same for life. Your election cannot be changed.***

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witnessed By