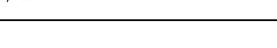
## Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds

www.tjc83funds.org 8814 Fargo Road ⋅ Suite 200 ⋅ Richmond, VA 23229 Phone (804) 282-3131 ⋅ 800-852-0806 ⋅ Fax (804) 288-3530 Email: documents@tjc83funds.net



## **Pension Application**

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

Please note: Application is only good for 180 days from receipt by the Fund Office.

ocial Security No	Local Union No.			
ame				
Last	First		Middle	
ailing Address				
	Street Address/P.O. Box			
City	State		Zip	
none No	Email			
arried?	ouse's Name	First	,	Middle
Spouse's Social Security No	Spouse's Date of Birth			
(Please provide a copy of your marria	· ·			
Desired Pension Effective Date:			- 01 -	
<ul> <li>Unless you are applying for a Disamust be on file at the Fund Office at let</li> </ul>		Мо	Day	Yr
date;	prior to this			
- And, the Plan pays the first of the	month for that month.			
Date of Birth (Please submit the birth ce				
and one other form of ID with your respe- acceptable forms of ID.	ctive birthdates.) See enclosed	Мо	Day	Yr
Are you working now?   Yes [	No			
If yes, ir	ndicate date you plan to stop working			
If no, da	ate you last worked	Мо	Day	Yr

<u>WARNING:</u> 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	
		From		То		No.
		Month	Year	Month	Year	

## **Military Record**

Branch of Service	From		То	
	Month	Year	Month	Year

If you are eligible to apply 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	