

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.

Social Security No. _____ Local Union No. _____

Name _____
Last First Middle

Mailing Address _____
Street Address/P.O. Box
City State Zip

Phone No. _____ Email _____

Married? Yes No Spouse's Name _____
Last First Middle

Spouse's Social Security No. _____ Spouse's Date of Birth _____

(Please provide a copy of your marriage license)

Desired Pension Effective Date:

- 01 -

- 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;

Mo Day Yr

- And, the Plan pays the first of the month for that month.

Date of Birth *(Please submit the birth certificate for you and your spouse and one other form of ID with your respective birthdates.) See enclosed acceptable forms of ID.*

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 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 _____