

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



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Pension Estimate Request

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

This is not an application for starting pension benefits. This an estimate, based on your current contributions to date..

Social Security No. _____ Local Union No. _____

Name _____
Last First Middle

Mailing Address _____

Phone No. (home) _____ Phone No. (cell) _____

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

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

Desired Pension Estimate Date:

- 01 -

Mo Day Yr

Please note, the estimate you will receive will be for a lifetime benefit only, unless otherwise specified. If you wish to see Joint and Survivor Options please submit two (2) forms of ID for your spouse as well.

Date of Birth *(Please submit two (2) 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*

If you are eligible to apply for a Disability or Early Vested Pension estimate, 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

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).

| 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 |
| | | | | |

I hereby request an estimate for Pension under the Teamsters Joint Council No. 83 of Pension 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.

Signed _____ Date _____

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.