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

CERTIFICATION OF MARITAL STATUS

FAILURE TO COMPLETE THIS FORM FULLY AND PROVIDE ALL DOCUMENTATION REQUESTED, WILL RESULT IN A DELAY OF THE PROCESSING OF YOUR APPLICATION. Before paying benefits, the Plan must confirm, on behalf of the Board of Trustees, whether a previous spouse is entitled to any portion of your Pension benefits. As such, it is necessary that we request the following certification and supporting documentation.

Your Name: _____ Phone Number :_(____)_____

Current marital status:

- ☐ SINGLE, NEVER MARRIED
- ☐ SINGLE, PREVIOUSLY MARRIED*
- ☐ MARRIED, NO PREVIOUS MARRIAGES
- ☐ MARRIED, WITH PREVIOUS MARRIAGE(S)*
- ☐ LEGALLY SEPARATED*
- ☐ DIVORCED*

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce or death of your spouse :

Ex-spouse's Name	Date of Marriage	Date of Divorce	Date of Death

Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies. For additional ex-spouses, please use the back of this form. **This form must be signed and notarized during the 90-day period immediately prior to the date your pension payments begin.**

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.

_____ _____ _____
Your Signature Your Social Security No. Today's Date

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____.

Notary Public, _____

County _____

State of _____

My Commission expires _____