

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



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## Post-Retirement Employment

I understand, in order to receive pension benefits from the Teamsters Joint Council No. 83 of Virginia Pension Fund, I must be retired as that term is defined in Article 4, Section 4.11 of the Pension Plan. I further understand, to be retired within the meaning of that provision, I cannot work in Disqualifying Employment as outlined in the chart below:

Age	Work Considered Disqualifying
Before Normal Retirement Age (usually 65)	<ol style="list-style-type: none"> <li>1. Employment with an Employer who pays into the Plan (a Contributing Employer), unless               <ol style="list-style-type: none"> <li>a. you work up to 39 hours in a calendar month for a Contributing Employer that pays contributions at or above the prevailing NMF agreement casual rate for each day your work, or</li> <li>b. you become permanently disabled to perform the duties of your covered occupation while working in Covered Employment, you may return to work for your former Contributing Employer in non-covered employment, or</li> </ol> </li> <li>2. Employment with an employer who competes with a Contributing Employer.</li> </ol>
After Normal Retirement Age but before 70 ½ years old (usually between 65 and 70 ½)	Working more than 39 hours per month: <ol style="list-style-type: none"> <li>1. in an industry whose employees were covered by the Plan as of the date you retire or your Normal Retirement Age, and</li> <li>2. in the geographic area covered by the Plan as of the earlier of the date you retired or your Normal Retirement Age, and</li> <li>3. in a trade or craft, including supervisory work in which you were working at any time under the Plan.</li> </ol>
After 70 ½	None

I understand the Pension Fund will suspend and permanently withhold my pension benefit in accordance with Article 4, Section 4.12 of the Pension Plan for any month in which I am employed or self-employed in Disqualifying Employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

SSN or UID \_\_\_\_\_