



**ANNUAL PENSIONER VERIFICATION FORM FOR THE
SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN
JANUARY 1, 2013 THROUGH DECEMBER 31, 2013**



Pension Und70APV

Section 1

Has your contact information changed?

Yes No

If you answered "Yes", please fill out attached change of address form.

Last Name	First Name	MI
Street Address		
City	State	Zip Code
	XXX-XX-	
Date of Birth	Social Security Number (Last Four)	

Section 2

During calendar year 2013, did you perform any work for which you received a W-2 statement?

Yes No

If you answered "Yes", please complete parts (a) through (e). If you received more than one W-2 Statement for calendar year 2013, attach an additional sheet for each additional W-2 Statement received.

- (a) Name of employer: _____
- (b) Address of employer: _____
- (c) List all the months of employment with the employer From January 2013 through the present: _____
- a. Are you still working for this employer? Yes No
- (d) Did you work for this employer for 40 or more hours in any of these months? Yes No
- If "Yes", in which months did you work 40 or more hours? _____
- (e) Describe your work for this employer: _____

Section 3

During calendar year 2013, did you have any income from self-employment?

Yes No

If you answered "Yes", please complete parts (a) through (c). If you have more than one type of self-employment, attach an additional sheet for each additional type of self-employment.

- (a) Describe your self-employment: _____
- (b) List all the months of self-employment from January 2013 through the present: _____
- a. Are you still performing self-employment work? Yes No
- (c) Were you self-employed for 40 or more hours in In any of those months? Yes No
- If "Yes", in which months were you self-employed For 40 or more hours? _____

Section 4**During calendar year 2013, did you hold an active or inactive contractor's license?**Yes No

If you answered "Yes", please complete parts (a) through (e). If you held more than one type of contractor's license, attach an additional sheet for each contractor's license held.

- (a) Type of contractor's license: _____
- (b) License Number: _____
- (c) 2013 months the license was active: _____
- (d) 2013 months the license was inactive: _____
- (e) State issuing the license: _____

Section 5**During calendar year 2013, did you register for employment at any hiring hall in the electrical construction industry?**Yes No

(If you answered "Yes", please provide name of IBEW

Local union(s)): _____

Section 6**During calendar year 2013, did you register at an employment agency for the purpose of seeking work in the electrical construction contracting industry?**Yes No

(If you answered "Yes", please provide name and address of Agency(s)): _____

Section 7**I declare under the penalty of perjury the foregoing is true and correct.**_____
Signature_____
Date_____
Home Phone Number_____
Phone Number: Cell/Work circle one