



**SOUTHERN CALIFORNIA IBEW – NECA ADMINISTRATIVE CORPORATION**

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July 1, 2023

**Re: Southern California IBEW-NECA Pension Plan - 2022 Annual Pensioner Verification Process**

Enclosed are the following items:

- An Annual Pensioner Verification Form
- A Request for Social Security Earnings Information Form
- Request for Address Change Form
- Pension Plan Section 9.7, Amendments 1, 2, 4 and 8
- Pension Plan Section 1.16
- Examples of Suspension of Benefit Rules
- A postage-paid Business Reply Envelope (yellow)

**THE ANNUAL PENSIONER VERIFICATION AND REQUEST FOR SOCIAL SECURITY EARNINGS FORMS MUST BE COMPLETED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS AND RETURNED TO THE FUND OFFICE WITHIN 60 DAYS FROM THE DATE OF THIS MAILING.**

**SHOULD YOU FAIL TO PROPERLY COMPLETE AND/OR TIMELY RETURN THE FORMS TO THE FUND OFFICE, YOUR MONTHLY PENSION BENEFIT WILL BE WITHHELD UNTIL PROPERLY COMPLETED FORMS ARE RETURNED TO THE FUND OFFICE.**

**INSTRUCTIONS FOR COMPLETING THE ANNUAL PENSIONER VERIFICATION FORM:**

- Section #1:** Please verify your name, address, date of birth, and last four digits of your social security number in the spaces provided are correct. If your address has changed, please check the “Yes” box and complete the enclosed Change of Address Form.
- Section #2:** Check the “yes” or “no” box as appropriate. If your answer is “yes”, please identify any and all employers that issued a W-2 Statement to you for calendar year 2022.
- Section #3:** Check the “yes” or “no” box as appropriate. If your answer is “yes”, please provide the requested information based on income from self-employment as reported on the appropriate schedules of your tax return for calendar year 2022. Please do not provide copies of W-2s or your tax return.
- Section #4:** If during calendar year 2022, you held an active or inactive contractor’s license, you must answer “yes” and supply the requested information related to that license.
- Section #5:** Check the “yes” or “no” box as appropriate. If your answer is "yes", please indicate the Local Union(s).
- Section #6:** Check the “yes” or “no” box as appropriate. If your answer is “yes”, please provide the name and address of all Agencies.
- Section #7: Sign and date the form** in the space provided. Please also provide your telephone numbers.

**Return the form to the Fund Office in the enclosed yellow envelope.**

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### **EXPLANATION OF THE ANNUAL PENSIONER VERIFICATION FORM**

Under a federal law known as ERISA, the Trustees have a fiduciary obligation to ensure that pension benefits are not paid to pensioners who are engaged in activities which could lead to the suspension of their monthly pension benefit under the Plan's Suspension of Benefit Rules. To discharge in part that fiduciary obligation, the Trustees require all pensioners to complete, on an annual basis, an Annual Pensioner Verification form. Completion and return of the form is "self-reporting" by an individual pensioner as to activities performed during the preceding calendar year.

### **INSTRUCTIONS FOR COMPLETING THE REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION FORM**

Please verify your name, last four (4) digits of your social security number, and date of birth.

Please **ONLY** sign your name and provide your daytime phone number, but do **NOT** date the form.

Return the form to the Fund Office in the enclosed yellow envelope. We will forward the form to the Social Security Administration Office for processing.

### **EXPLANATION OF THE SOCIAL SECURITY EARNINGS INFORMATION FORM**

When employers pay contributions to the Fund on behalf of active participants, the employer is self-reporting the number of hours worked by participants for the particular employer. In order to verify the actual number of hours worked by the employees of a particular employer, the Trustees conduct "payroll audits" in which an auditor selected by the Trust, reviews the books and records of the employer, to ensure that the employer is paying all required contributions to the Trust.

The Trustees utilize a Social Security Earnings Report to verify the self-reporting of activities by pensioners in the same fashion that the Trustees verify the self-reporting of contributions by contributing employers. Each year, the Fund Office selects a random sampling of pensioners whose Request for Social Security Earnings Information is completed by the Fund Office and transmitted on to Social Security. Should you be selected for this verification process, the Fund Office will notify you.

**IF YOU HAVE ANY QUESTIONS RELATED TO THE ANNUAL PENSIONER VERIFICATION PROCESS, YOU SHOULD PROMPTLY CALL THE FUND OFFICE AT (323) 221-5861 or (800) 824-6935.**