



SOUTHERN CALIFORNIA IBEW – NECA TRUST FUNDS

6023 Garfield Avenue, City of Commerce, CA 90040

(323) 221-5861 or (800) 824-6935

Fax (323) 726-3520

Mailing Address:

P.O. Box 910918

Los Angeles, CA 90091



DATE: _____

NAME: _____ SSN _____ LOCAL _____

ADDRESS: _____

Re: Pension Application

AFTER YOU HAVE STOPPED WORKING – Please answer the following questions, date and sign, indicating that the information given is true and correct, and return in the enclosed return envelope. In order to expedite the processing of your application, please have your employer complete the “Employer Certification” below, prior to returning to this office. NOTE: If you worked for more that one employer in the month prior to your retirement, please list names, dates and hours worked for each on the back of this letter.

Approximately two weeks after ALL requested information has been received (including this completed form, and the completed Election of Option, NEBF Authorization, Social Security Authorization, Retiree Work Intent and W-4P forms), you will receive your first benefit check including benefits retroactive to your effective date.

If you have any questions, please don’t hesitate to contact this office.

Very truly yours,

Pension Department

Enclosures

LAST DATE WORKED: _____ APPLYING FOR BENEFITS EFFECTIVE _____

EMPLOYER’S NAME: _____ PHONE: (____) _____

ADDRESS OF LAST EMPLOYER: _____

SIGNATURE _____ DATE: _____

EMPLOYER CERTIFICATION:

_____ hours will be reported to Trust Office for above employee for the month of _____, 20____.
(IF PORTION OF HOURS WORKED ARE TO BE REPORTED ON THE FOLLOWING MONTH’S REPORT, PLEASE SO INDICATE).

SIGNATURE _____ DATE _____ PHONE: (____) _____

NOTE: IF YOU WILL WORK FOR MORE THAN ONE EMPLOYER DURING YOUR LAST MONTH OF EMPLOYMENT, PLEASE MAKE COPIES OF THIS PAGE AND SEND ONE