



SOUTHERN CALIFORNIA IBEW – NECA TRUST FUNDS

100 Corson Street, Suite 200, Pasadena, CA 91103
(323) 221-5861 or (800) 824-6935 Fax (323) 726-3520

Mailing Address:
P.O. Box 6652
Pasadena, CA 91109



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. 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 than one employer in the month prior to your retirement, please list names, dates and hours worked for each on the back of this letter.

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: _____

EMPLOYEE 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).

EMPLOYER SIGNATURE _____ DATE _____ PHONE: (____) _____

It is the position of the IRS that if there is an agreement between the employer and employee that the employer will rehire the employee after early retirement benefits commence, no true severance of employment has taken place and payment of early retirement benefits violates the Internal Revenue Code. By signing below, you are advising the Plan no such agreement exists and a true severance of employment has taken place.

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 TO EACH EMPLOYER.