

**ANNUAL PENSIONER VERIFICATION FORM FOR THE
SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010**

1. Name: _____
(Last) (First) (Middle Name)

Current Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Social Security No.(last four digits): XXX-XX-_____

2. During calendar year 2010, 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 2010, 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 2010 through the present

- a. Are you still working with 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:** _____

3. During calendar year 2010, did you have any income from self-employment? Yes No
 (If you answered "Yes", please complete parts (a) through (c). If you had more than one type of self-employment, attach an additional sheet for each additional type of self-employment.)

- (a) Describe the nature of your self-employment: _____
- (b) List all the months of self-employment from January 2010 through the present

- a. Are you still performing this self-employment work? Yes No
- (c) Were you self-employed for 40 or more hours in any of these months? Yes No
 If "Yes", in which months were you self-employed for 40 or more hours? _____

4. During calendar year 2010, 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) 2010 months the license was active: _____
- (d) 2010 months the license was inactive: _____
- (e) State issuing the license: _____

5. During calendar year 2010, did you register for employment at any hiring hall in the electrical construction contracting industry? Yes No
 (If you answered "Yes", please provide name of IBEW Local Union(s) _____)

6. During calendar year 2010, 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) _____)

I declare under penalty of perjury the foregoing information is true and correct.

 Signature Date Home Phone Number
 Phone Number: Cell / Work (circle one)