



**SOUTHERN CALIFORNIA IBEW – NECA TRUST FUNDS**

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TO: BOARD OF TRUSTEES, SOUTHERN CALIFORNIA IBEW-NECA PENSION TRUST FUND

NAME \_\_\_\_\_ IBEW LOCAL UNION \_\_\_\_\_

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**REQUEST FOR WORK AFTER RETIREMENT DETERMINATION**

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

JOB POSITION OR DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

WHERE WILL THE WORK BE PERFORMED? \_\_\_\_\_

DATE THIS EMPLOYMENT BEGAN, OR WILL BEGIN \_\_\_\_\_

DOES THIS JOB REQUIRE DISPATCH BY IBEW? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, FROM WHICH IBEW LOCAL UNION \_\_\_\_\_

IS POSITION UNDER JURISDICTION OF A UNION OTHER THAN IBEW? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PROVIDE UNION NAME AND LOCAL NUMBER \_\_\_\_\_

**TO DETERMINE IF THE WORK YOU ARE, OR WILL BE PERFORMING IS PERMISSIBLE UNDER THE PLAN, PLEASE HAVE THE EMPLOYER PROVIDE, ON THE EMPLOYER'S LETTERHEAD, THE FOLLOWING INFORMATION, AND ATTACH IT TO YOUR REQUEST:**

1. DESCRIPTION OF YOUR JOB DUTIES. IF POSITION IS ESTIMATOR, SALESMAN OR PROJECT MANAGER, THE EMPLOYER SHOULD INDICATE IF WORK WILL BE JOBSITE-BASED AND IF YOU WILL BE INVOLVED IN SUPERVISING, HIRING OR FIRING ELECTRICIANS.
2. CONFIRMATION THAT YOU ARE, OR WILL BE, DIRECTLY EMPLOYED BY THE EMPLOYER.

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE SIGNED