



**ANNUAL PENSIONER VERIFICATION FORM FOR THE
SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN
JANUARY 1, 2021 THROUGH DECEMBER 31, 2021**



Pension Und70APV

Section 1

Has your contact information changed?

Yes ☐ No ☐

*If you answered
"Yes", please fill
out the attached
change of address
form.*

_____	_____	_____
Last Name	First Name	MI

Street Address		
_____	_____	_____
City	State	Zip Code

XXX-XX-		
Date of Birth	Social Security Number (Last Four)	

Section 2

**During calendar year 2021, 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 2021,
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 2021 through the present: _____

1. Are you still working for 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: _____

Continued on opposite side

Office use only

SSA Form

Section 3**During calendar year 2021, did you have any income from self-employment?**Yes ☐No ☐

If you answered "Yes", please complete parts (a) through (c). If you have more than one type of self-employment, attach an additional sheet for each additional type of self-employment.

(a) Describe your self-employment: _____

(b) List all the months of self-employment from January 2021 through the present: _____

(c) 1. Are you still performing self-employment work?

Yes ☐No ☐

Were you self-employed for 40 or more hours in any of those months?

Yes ☐No ☐

If "Yes", in which months were you self-employed for 40 or more hours? _____

Section 4**During calendar year 2021, 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) 2021 months the license was active: _____

(d) 2021 months the license was inactive: _____

(e) State issuing license: _____

Section 5**During calendar year 2021, did you register for employment at any hiring hall in the electrical industry?**Yes ☐No ☐

If "Yes", please provide name of IBEW

Local union(s): _____

Section 6**During calendar year 2021, did you register at an employment agency for the purpose of seeking work in the electrical construction contracting industry?**Yes ☐No ☐

If "Yes", please provide name and address of

Agency(ies): _____

Section 7**I declare under the penalty of perjury the foregoing is true and correct.**

Signature _____

Date _____

Home Phone Number _____

Phone Number: Cell/Work circle one _____

Check here if you have a Power of Attorney. Please submit Power of Attorney documents if not previously submitted.