

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 F	RETIREMEN	NT DETERMINATI	<u>ON</u>	
BUSINESS NAME					
	ST				
	SCRIPTION				
	ORK BE PERFORMED?				
DATE THIS EMPLOYM	IENT BEGAN, OR WILL BEG	GIN			
DOES THIS JOB REQUI	RE DISPATCH BY IBEW?	YES	NO	IF YES,	
FROM WHICH IBEW LO	OCAL UNION				
IS POSITION UNDER J	URISDICTION OF A UNION	NOTHER THA	AN IBEW? YES	NO	
IF YES, PROVIDE U	NION NAME AND LOCAL N	NUMBER			
PLAN, PLEASE HAVE FOLLOWING INFORMA 1. DESCRIPTION OF MANAGER, THE	WORK YOU ARE, OR WILI THE EMPLOYER PROVID TION, AND ATTACH IT TO F YOUR JOB DUTIES. IF POS EMPLOYER SHOULD INDIC VOLVED IN SUPERVISING,	BE PERFORI E, ON THE YOUR REQUE SITION IS EST CATE IF WOR	EMPLOYER'S LETTE EST: 'IMATOR, SALESMAN K WILL BE JOBSITE-E	E UNDER THE ERHEAD, THE OR PROJECT BASED AND IF	
	THAT YOU ARE, OR WILL				
will rehire the employee place and payment of ea	RS that if there is an agreement after early retirement benefits rly retirement benefits violates h agreement exists and a true s	commence, no the Internal R	true severance of emplevenue Code. By signir	oyment has taken ng below, you are	
YOUR SIGNATURE		_	DATE SIGNED		