

I.A.M. NATIONAL PENSION FUND
REQUEST FOR RULING ON EMPLOYMENT

Please complete this form if you plan to work after you retire or have worked in ANY employment after you attained age 65.

Covered Employee/Pensioner Name _____
Last First

Social Security Number _____ Your daytime phone no. _____

Name of **most recent/current** Employer: _____

Co. Address: _____

Co. Phone Number: (_____) _____ Ext. _____

Date of hire: _____ Hours work per month: _____

Date of termination (if applicable): _____

Describe Type of Business (if machine shop/manufacturer, etc. describe product produced or repaired) :

Job Title/Classification prior to age 65: _____

Job Title/Classification after age 65 (if applicable) _____

Describe your duties (Please be specific and include the tools or machines with which you work.)

Former Contributing Employer _____

Location _____

Type of Business _____

Covered Job Classification _____

Describe your duties (Please be specific and include the tools or machines with which you work).

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

FUND OFFICE USE ONLY:

Age at Reemployment Date or PED _____ When age 65? _____

NRA Date: _____ PED: _____

7.6
____ a contributing employer (a)
____ same trade or craft as worked under the Plan (b)
____ working more than 39 hours a month (c)

7.7
____ a contributing employer (a)
____ industry covered by the Plan and same trade or craft (b)

Decision _____ Reviewed by/Date _____
Pre-6/14 _____ ; Post-6/14 _____ ; Post-11/15 _____ ; Post-9/15/18(7.7) _____

Comments _____