



I.A.M. NATIONAL PENSION FUND
REQUEST FOR RULING ON EMPLOYMENT PRIOR TO ATTAINING AGE 65

This form must be completed in its entirety if you plan to work after you retire.

Name Last First MI
Last 4-digits SSN Your daytime phone no/Cell Number.

Last Contributing Employer to the Fund for which you worked
Physical Location
Type of Business
All Covered Job Title(s)/Classification(s)
Describe your duties in each job: (Please be specific and include the tools or machines with which you work).

Name of most recent Post Retirement Employer:
Address of Employment:
Employer's Phone Number: () Ext.
Projected / Date of hire: Hours of work:
Date of termination (if applicable):
Describe Type of Business (if machine shop/manufacturer, etc. describe product produced or repaired):
Job Title/Classification:
Describe your duties (Please be specific and include the tools or machines with which you work.)

Signature

Date

Return Form by either
Email at contact@iamnpf.org,
Fax 202-857-3713 or,
mail to IAMNPF 1300 Connecticut Ave NW, Suite 300 Washington, DC 20036



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DO NOT WRITE BELOW THIS LINE:

TO BE COMPLETED BY PENSION ANALYST:

Covered Employee/Pensioner Name:

Application ID:

Age at Reemployment Date or PED When age 65? PED

TO BE COMPLETED BY ROE ANALYST:

Section 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

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mail to IAMNPF 1300 Connecticut Ave NW, Suite 300 Washington, DC 20036