



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

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 worked). _____

Name of most recent Post Retirement Employer: _____

Employer Address: _____

Employer's Phone Number: (_____) _____ Ext. _____

Projected / Date of hire: _____ Hours of 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: _____

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

Signature

Date

Return Form by
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