

Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 441-7314 or (877) 441-1212 • Fax (206) 695-0984 • Website: www.engineerstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

Request for Review of Job Description

The Plan relies on the information you provide below about the job you have taken or are considering taking to determine whether it is "post retirement service." Monthly benefits are not payable by the Plan while you are engaged in post retirement service. Any misrepresentation or omission of requested information will lead the Plan to seek to recoup overpaid benefits if it is determined that you are engaged in post retirement service.

Please Print

_____		_____	
Date		Social Security Number	
_____		_____	
Participant Name (First)	(Last)	(Middle Initial)	

Address (Street)			
_____		_____	_____
Address (City)	(State)	(Zip)	
_____		_____	
Phone Number	Email Address		

In order to determine if I am eligible for my retirement benefit payments while working;

- I have attached an employer issued job description for employment I wish to have reviewed (this is required – if you are self-employed, please explain the nature of your business and scope of employment)

_____		_____	
Company Name		Company Phone Number	

Company Address (Street)			
_____		_____	_____
Company Address (City)	(State)	(Zip)	

Request for Review of Job Description (continued)

1. Average hours to be worked per month:

2. Job title:

3. Job duties for this employment:

4. Tools I will be using for this employment:

5. Are you currently employed? If yes, please enter your starting date:

6. If you terminated your employment, please provide last date worked:

I certify that the information I have provided is true to the best of my knowledge. I understand if I work in post retirement service, I must reimburse the Plan for any overpaid benefits distributed to me while I am ineligible. If my employment changes, I understand that I cannot rely on the determination made on this form and must submit new information to the Plan at that time.

Participant's Signature

Date

Return the complete and signed form to the Administration Office:

Locals 302 and 612 IUOE
Attn: Pension Department
P. O. Box 34203
Seattle, WA 98124

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Seattle, WA 98124 Phone (206) 441-7314 or (877) 441-1212 • Fax (206) 505-9727 •
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Name:

WPASID:

Questionnaire Regarding Post-Retirement Service

You requested review of whether certain post-retirement employment will be considered “Post-Retirement Service” under the Plan for which retirement benefits will be suspended. To assist in this review, please provide the following information with as much detail as possible.

1. Describe your education, including any apprenticeship training or certifications you have received. Include dates of any degrees.

1. (a) Do you currently have a Commercial Driver’s License (CDL) Yes _____ No _____
(b) If yes, Please state where and when you obtained your CDL _____

2. Summarize the type of work you performed **when working for employers that contributed to the Plan on your behalf**. Include all work since you began participation in the Pension Plan. Attach additional sheets if necessary.

3. List all Core Skills required for the work listed in Paragraph #2. **(Skills for work for employers that contributed to the Plan on your behalf.)**

4. List all Core Duties required for the work listed in Paragraph #2.

5. **Did you ever work as a foreman, superintendent or in another supervisory capacity when working for employers that contributed to the Plan on your behalf?** If yes, please provide detail, including employer, job title, responsibilities and period of such employment.

6. Who is the employer you are/seek to work for in post-retirement employment?

7. In what State is the post-retirement employment?

8. Describe your skills, certifications (if any) and qualifications necessary for the post-retirement employment.

9. How did you obtain the skills, certifications (if any) and qualifications needed to perform the post-retirement employment?

10. Describe additional training or certifications required by the employer to qualify you to perform the post-retirement employment.

11. What are/will your duties be in the post-retirement employment? Please also attach an employer-issued job description.

12. What Core Skills are required for the post-retirement employment?

13. Where did you learn the skills required for the post-retirement employment?
