PENSIONER STATUS FORM

EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES - PENSION PLAN

PROOF OF CONTINUED ELIGIBILITY

May 2018

The Trustees of the Employees Security Fund of the Electrical Products Industries Pension Plan ("the Plan") require that each person receiving benefits from this Plan verify his/her continued eligibility for pension benefits on an annual basis.

Therefore, in order to remain eligible for pension benefits from the Plan, you must complete this form and return it to the Pension Department at the Joint Industry Board no later than June 15, 2018. Failure to return this form will result in the suspension of your July 2018 pension benefit as well as any applicable medical benefits until such time as this notarized and completed form is received.

RECIPIENT INFORMATION to be completed by the pensioner PLEASE COMPLETE THIS SECTION				
Ι,	_ Social Security No: _		Phone:	
Hereby affirm that my prese	ent address is: (check be	ox if this is a Change	of Mailing Address \square):
I declare that, to the best of	my knowledge, the info	ormation on this form	n is true and correct.	
(6:				
(Signature) STATE OF)			
COLDIENTOE) ss:			
COUNTY OF)	day of	20	before me personally
			20 and known to me to be	the individual described
came herein and who executed th	e foregoing document a			the marvidual described
	e roregoing document a	executed the sar		
		(Notary	Public)	

IMPORTANT!

Upon receipt of the completed form, applicable medical benefits will be reinstated <u>immediately</u>; **HOWEVER, YOUR MONTHLY PENSION BENEFIT MAY BE DELAYED FOR UP TO 2 MONTHS.** Failure to return this signed and notarized form will result in the suspension of your pension benefit until such time as a signed and notarized form is received by the Pension Department at the Joint Industry Board, located at 158-11 Harry Van Arsdale Jr. Avenue, Flushing,