

# Status Form FAQ's-Please read before calling

## **Why am I receiving this form?**

All retirees or beneficiaries currently receiving a pension benefit are required to complete this form every year.

## **Why must I notarize this form?**

One of the greatest responsibilities of the Plan office is ensuring that our retirees and beneficiaries are receiving their monthly pension benefits as expected. The most efficient way for us to confirm this is to obtain and verify your identity with your notarized signature. This process has also helped us to locate retirees/beneficiaries who have moved and aren't getting important communications from the Pension Plan. **NOTE:** This form can be notarized by a Power-of-Attorney. Please include a copy of the Power-of-Attorney if you have not done so already. Also, this form can be notarized in other countries.

## **What if I can't obtain a notary?**

If you are unable to have a notary witness your signature, the Plan office will make an accommodation by accepting a form witnessed by your guardian or other close relative or individual.

## **What happens if I don't fill out and submit the Pensioner Status Form to the Plan office?**

If you don't respond in a timely manner, your monthly pension benefit will be temporarily suspended. Once you return the completed form, your pension benefit will be restored, including any missed payments. You can avoid any disruption in your payments by completing the form and returning it to the Plan office within the deadline provided.

## **Do I have to mail the Pensioner Status Form back to the Plan office?**

Once you've signed and notarized the pension status form, you must mail it back to the Plan office in the return addressed envelope enclosed with the form. **\*The Pension Department cannot notarize this form for you.\***

## **Can I fax this form back?**

No, because it must be notarized, we require the original to be sent back.

## **How can I make sure you received my status form?**

The Pensioner Status Forms are sent to all Participants currently on pension. Please do not contact the Pension Department, as a receipt notice will be sent out by mail once your Pensioner Status Form has been processed. If you are signed up for email on the [jibei.org/signup](http://jibei.org/signup) website, you will receive notification via email. **\*\*Please allow at least 2 weeks for the form to be processed.\*\***

**\*\*\*We recommend that you keep a copy of the completed and notarized form for your records.\*\*\***

**PENSIONER STATUS FORM**  
**EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCTS INDUSTRIES –**  
**PENSION PLAN**  
**PROOF OF CONTINUED ELIGIBILITY**

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**May 2025**

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 13, 2025. Your failure to return this form could result in the suspension of your July 2025 pension benefit as well as any applicable medical benefits until such time as this completed form is received.**

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**RECIPIENT INFORMATION to be completed by the pensioner**  
**PLEASE COMPLETE THIS SECTION**

I, \_\_\_\_\_ PID: \_\_\_\_\_ Last Four Digits of SSN \_\_\_\_\_ Phone: \_\_\_\_\_

Hereby affirm that my present address is: (Note: Corrections can be made on the lines below)

\_\_\_\_\_  
\_\_\_\_\_

I affirm, under the penalty of law, that I am the authorized recipient of the monthly pension benefit, and to the best of my knowledge, the information on this form is true and correct.

\_\_\_\_\_  
(Signature)

STATE OF \_\_\_\_\_ )

) ss:

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally came \_\_\_\_\_ to me known and known to me to be the individual described herein and who executed the foregoing document and acknowledged to me that s(he) executed the same.

\_\_\_\_\_  
(Notary Public)

**\*If you would like to receive an email from the Joint Industry Board that your form has been received by the Pension Department, please sign up by going to [WWW.JIBEL.ORG/SIGNUP](http://WWW.JIBEL.ORG/SIGNUP)**

**IMPORTANT!**

Failure to return this signed and notarized form will result in the suspension of your pension/medical benefits until such time as a signed and notarized form is received by the Pension Department. Upon receipt of the completed form, applicable medical benefits will be reinstated immediately. HOWEVER, RESUMPTION YOUR MONTHLY PENSION BENEFIT MAY BE DELAYED FOR UP TO 2 MONTHS, BUT YOU WILL RECEIVE ALL PENSION MONTHLY BENEFITS THAT WERE WITHHELD. Return completed forms to the Joint Industry Board, Pension Department, 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365

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