

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 152 RETAIL MEAT PENSION FUND

Brian String, Chairman
Daniel Dosenbach, Secretary
27 Roland Avenue, Suite 100, Mount Laurel, NJ 08054

(856) 793-1598 • (800) 555-4959

PENSION STATUS REQUEST FORM

Please Print all Information Below

PENSION FUND (select the Fund you participate in): () Retail Meat () Independent Packing

PARTICIPANT INFORMATION:

Name: _____ Date of Birth: _____

Social Security Number (SSN): _____ Telephone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Date of Hire: _____ Termination Date (if applicable): _____

Marital Status: () Single () Married () Widow () Divorced

SPOUSE INFORMATION (if applicable):

Name: _____ SSN: _____ Date of Birth: _____

EMPLOYER HISTORY (under a collective bargaining agreement)

Employer Name	Date of Hire	Date of Separation	Job Classification	Local Union No.

Have you requested a status report in the past 12 month? Yes () No ()

AUTHORIZATION:

By signing below, I hereby authorize and grant permission to the Pension Department to obtain necessary information from the Health & Welfare Department if necessary.

Participant Signature: _____ Date: _____

NOTE: TO REQUEST A RETIREMENT PACKAGE, PLEASE CONTACT THE PENSION FUND OFFICE ATLEAST 180 DAYS (6 MONTHS) BEFORE YOUR RETIREMENT DATE.