

RETURN TO WORK FORM

Under the rules of the Pension Plan, we have been notified that you have or intend to return to work. The following information is needed by the fund to process your file under the Return-To-Work provisions.

PLEASE COMPLETE IN FULL

Name: _____ SS# OR ID#: _____

Request to: Temporarily suspend my Pension Benefits (You will be responsible to contact the Fund Office to restart your Pension Benefits)

Or

Return to work and collect my Pension Benefits: (Your request will be presented to the Board of Trustees at their next regularly scheduled, quarterly Meeting.)

Current address: _____

Name and address of employer: _____

Employer contact & phone number: _____

Type of work you will be doing: Construction Non-Construction

Complete description of job responsibilities: _____

(Please complete reverse side)

Location where you are or will be working: _____

Date you began or will begin work: _____

Additional Information (if applicable):

Numbers of hours you are or will be working each week (Check One)

0-10 Hours

10-20 Hours

20-39 Hours

More than 39 Hours

Number of weeks you expect this work to continue: _____

Last date of work if known at this time: _____

Date: _____

Signature: _____

PLEASE RETURN THIS FORM TO:

Michigan Laborers' Pension Fund
6525 CENTURION DRIVE
LANSING, MI 48917-9275
Toll Free 877-MI-LABOR (877-645-2267)
(517) 321-7502 • FAX (517) 321-7508