

Michigan Laborers' Pension Fund

6525 Centurion Drive, Lansing, MI 48917-9275

Telephone (517) 321-7502 • FAX (517) 321-7508

(877) 645-2267

REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT

Employee's Name: _____

Social Security Number: _____

Home Address: _____
(Street)

(City) (State) (Zip Code)

Present Local Union Number: _____

Date initiated into present Local Union: _____

Have you ever worked in the jurisdiction of another Local Union? Yes No

If yes, please identify the Local Union(s) as follows:

Local Union No. _____ Craft _____ City _____ Year(s) _____

Local Union No. _____ Craft _____ City _____ Year(s) _____

Local Union No. _____ Craft _____ City _____ Year(s) _____

(If insufficient space, please continue on back.)

Employee's Date of Birth: _____

Spouse's name and date of birth (if living): _____

Have you ever been divorced? Yes No If Yes, how many times? _____

If yes, request complete copies of papers from all divorces.

Are you totally and permanently disabled? Yes No

If yes, what is your Date of Disability? _____

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you and your Local Union?

Date: _____ Prepared by: _____

Was Request for Application mailed? Yes No