## **UFCW LOCAL 1262 AND EMPLOYERS** PENSION PLANS

1389 Broad Street, Clifton, NJ 07013 973-778-5800 or 800-522-4161 (FAX Number 973-777-7266)

## <u>IMPORTANT - PLEASE READ FIRST</u>

I UNDERSTAND THIS IS NOT AN APPLICATION TO RECEIVE A PENSION BENEFIT. I am requesting a statement of my credited service with the Pension Plan. I understand this statement contains only vesting and benefit service. If I need additional information, I will place a check mark here ( ) and note

additional questions/comments on the back of this form. Please print clearly all applicable information in relation to your service in the Local 1262 Pension Plan. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Name Maiden Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mailing Address Spouse's Date of Birth Date of Marriage(s)\_\_\_\_\_ \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_ Present or last Employer under Local 1262 \_\_\_\_\_\_ Date of Hire \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date of Hire \_\_\_\_\_ Part-time \_\_\_\_\_ Inactive \_\_\_\_\_ If inactive, give date of termination or date leave of absence began \_\_\_\_\_ Are you or were you employed as either a service clerk or maintenance employee? yes or no? If your service has been both full-time and part-time, please indicate the approximate dates of full-time and part-time employment, as best as you can recall: From: To: Part or Full-time: Any interruptions in your employment (medical, personal, military, etc.)? Any service outside the bargaining unit with a contributing employer? Please indicate the approximate dates of the interruptions, as best as you can recall. If the interruption was a military leave, please attach a copy of your military service record, DD214N. From: To: Reason: Any other previous employer(s) in the Local 1262 Pension Plan? Please indicate the employer, the approximate dates of employment and your status below, as best as you can recall: Part or Full-time: Employer: To: From: Signature Here Dated Office use only, received:

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