



National Asbestos Workers Pension Plan

2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028
Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629
Fax: (954) 266.2079 | www.nebainc.com

Administered by:
NEBA
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



Notice of Employment In a Non-Bargaining Capacity for a Signatory Employer

Retiree Name:		SSN (last 4):	
Address:			
Employer Name:		Local:	
Employer Address:			
Date of Return to Work:			
Number of Hours Expected to Work:		Calendar Year	

I understand that I, as a retiree in the National Asbestos Workers Pension Fund, am permitted to work in a non-bargaining capacity for a signatory employer once there has been ninety (90) days between the effective date of my retirement and the date I return to work, provided that work is approved by the Trustees of my home local.

Signature _____ Date _____

UNION & EMPLOYER TRUSTEE APPROVAL	
I approve the above retiree to return to work in a non-bargaining capacity for a signatory employer as permitted by the Plan.	
Signature _____ <i>Union Trustee</i>	Date _____
Signature _____ <i>Employer Trustee</i>	Date _____

FUND OFFICE USE ONLY	
Received and Verified by _____	Date _____