



# Insulators and Allied Workers National Pension Fund

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Administered by:  
**NEBA**  
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



## Extension of Hours Request

<b>Retiree Name:</b>		<b>SSN (last 4):</b>	
<b>Address:</b>			
<b>Employer Name:</b>		<b>Local:</b>	
<b>Employer Address:</b>			
<b>Number of Additional Hours Requested:</b>		<b>Calendar Year:</b>	
<b>Reason for Request for Extension of Hours</b> <i>(Explain why the work cannot be done by the active workforce and what efforts have been made to do the work with the active workforce):</i>			

Signature \_\_\_\_\_  
**Business Manager**

Date \_\_\_\_\_

### FUND OFFICE USE ONLY

Received and Verified by \_\_\_\_\_

Date \_\_\_\_\_