



Insulators and Allied Workers National Pension Fund

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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 Insulators and Allied Workers National 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 _____

Union Trustee

Date _____

Signature _____

Employer Trustee

Date _____

FUND OFFICE USE ONLY

Received and Verified by _____

Date _____