



Insulators and Allied Workers National Pension Fund

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Administered by:
NEBA
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



Notice of Reemployment

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 pursuant to Chapter 6 of the Plan Document, "Working After Retirement - Suspension of Benefits," I may continue to receive monthly benefits for each month before the month in which my Hours of Service in Prohibited Employment first total 300 hours (may not work more than 299 hours). I also understand that there must be 90 days in the calendar year between the date I retire and the date I engage in Prohibited Employment.

I also understand that I must obtain prior written approval from my Local before performing Prohibited Employment.

Signature _____

Date _____

LOCAL UNION APPROVAL

I approve the above retiree returning to work for up to 299 or less hours in the calendar year listed above.

Signature _____

Date _____

Business Manager

FUND OFFICE USE ONLY

Received and Verified by _____

Date _____