



Central Laborers' Pension Fund

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/243-8521 • Fax 217/245-1293

<http://www.central-laborers.com>

NOTICE OF RETURN TO RETIREMENT

Please complete and return this form to the Fund Office.

I, _____, have ceased work in disqualifying employment and request that Central Laborers' Pension Fund resume payment of my monthly pension benefit to me as soon as possible. I understand that overpayments of my pension benefit paid to me while working in disqualifying employment will be recovered through a process, which involves withholding a portion of my future pension benefits and that the amount withheld will be no larger than 25% of my pension benefit except for the first benefit payable after I retire, 100% of which may be withheld.

Please print when providing the following information:

Name: _____

SSN: _____

Address: _____

Date I stopped working in Disqualifying Employment: _____

Name and Address of Employer: _____
(During Time of Disqualifying Employment)

Participant's Signature

Date