

CENTRAL LABORERS' PENSION FUND

PENSION RECIPIENT'S RETURN TO WORK FORM

I hereby notify the Pension Fund that (check one):

() I intend to return, or

() I have already returned

to employment and hereby request that the Pension Fund make a determination as to whether my anticipated return to employment or my employment (as applicable) will result in a suspension of my retirement benefits. I submit the following information to assist the Pension Fund in making the determination.

Name: _____ SS Number: XXX-XX-_____ (provide last 4 digits)

Address: _____ City: _____ State: _____ Zip: _____

Type of Employer (Check one): Public Employer (*e.g. City, Township, Village*)
 Private Employer

Name and Address of Proposed Employer: _____

Telephone Number (_____) _____

*The Industry or Type of Work of Performed by the **EMPLOYER** (Attach supporting documentation): _____

*Type of Work that I will perform (Attach Supporting documentation, including a job description from the Employer on the Employer's letterhead): _____

Date I intend to start or Date employment started: _____

*The Board of Trustees may require you to provide additional information necessary to determine whether the above-described employment will constitute employment requiring my pension benefits to be suspended pursuant to the terms of the Plan.

The undersigned understands and agrees that the Pension Fund is relying upon the information set forth herein in determining whether the employment is or will be considered "disqualifying employment" requiring a suspension of benefits. I further understand that if any if the information provided by me is incomplete or inaccurate, then my future pension benefits may be offset in accordance with the Plan's rules.

Signature

Date