

**NEW YORK STATE TEAMSTERS CONFERENCE  
PENSION AND RETIREMENT FUND**

PO Box 4928 • Syracuse, New York 13221-4928 • Telephone (315) 455-9790 • Facsimile (315) 234-1047

**RE-EMPLOYMENT REQUEST FORM**

Under the rules of this Pension Fund, a retiree is required to notify the Fund Office if he/she returns to work, regardless of the number of hours worked or place of employment (including self-employment). This form may also be used to request a review of whether or not a particular type of employment would be in compliance with the Fund's Re-Employment Rules.

***Failure to notify the Fund Office may result in a suspension or reduction of future Pension Benefit payments in accordance with Plan Rules.***

1. Your name \_\_\_\_\_ SS# \_\_\_\_\_
2. Your date of birth \_\_\_\_\_
3. Your mailing address (Street, City, State & Zip)  
\_\_\_\_\_
4. Telephone number (\_\_\_\_) \_\_\_\_\_ Local Union No. \_\_\_\_\_
5. Name and address of employer with whom you may work (Name, Street, City, State & Zip)  
\_\_\_\_\_  
Is this a City, County or State Employer? \_\_\_\_\_  
In what type of business is this employer engaged? \_\_\_\_\_
6. Is this employer under contract with any Local Unions? \_\_\_\_\_ If so, indicate name and address of Local Union and if Teamster affiliated.  
\_\_\_\_\_
7. Type of work you expect to do (be specific) \_\_\_\_\_  
\_\_\_\_\_ Type of vehicle used \_\_\_\_\_
8. Location of job being considered \_\_\_\_\_  
(If you are an over-the-road driver, please indicate your route) \_\_\_\_\_
9. Number of hours which you expect to work each month \_\_\_\_\_
10. Number of months you expect this job to last \_\_\_\_\_
11. Date you began work (or date you will begin) \_\_\_\_\_

**All information requested above must be provided in order to properly advise you regarding the effect of re-employment on your Pension Benefits. If any information is inaccurate, or if the information changes at any time, the Fund Trustees reserve the right to change their determination.**

\_\_\_\_\_  
Signature Date

<p><b>FOR OFFICIAL USE ONLY</b></p> <p><b>Re-Employment Request Status</b></p> <p>&gt; 40 hrs per month <input type="checkbox"/></p> <p>&lt; 40 hrs per month <input type="checkbox"/></p> <p>By _____ Date _____</p>
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