

**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

REQUEST FOR RESUMPTION OF BENEFITS

Under the rules of this Pension Plan, a retiree whose benefits have been suspended must notify the Fund Office when he/she stops working (or works less than 40 hours per month) before Pension Benefit payments may be resumed.

Please use this form for such notification. Unless the form is completed and returned to the Fund Office, your Pension Benefits will not be resumed.

1. Name _____
2. Social Security Number _____
3. Mailing Address _____

4. Telephone Number _____
5. Local Union Number _____
6. Name of Last Employer _____
7. Address of Last Employer _____

8. If Self-Employed, Check Here
9. Location Where Work Was Performed _____

10. Last Day of Work (Month/Day/Year) _____

This information will be checked by the Fund Office. Pension Benefit payments will be resumed no later than the first day of the third month after the month in which the Fund Office receives this form.

Any amounts withheld during the period between the time you stopped working and the time payments are resumed will be included on the first check issued when payments are resumed. However, any overpayments previously made will be deducted from the first check. If this deduction is not adequate to recover the full amount, future payments will be reduced by 25 percent until all overpayments are recovered.

Signature

Date

REMEMBER:

Even though you stop working, benefits will not be resumed until the Fund Office receives this form!
