



Local 705 International Brotherhood of Teamsters Pension Plan
1645 W. Jackson Boulevard, Chicago, Illinois 60612 (312)-738-2811

IT IS IMPERATIVE THAT THIS CERTIFICATION IS COMPLETED IN FULL WITH NOTARIZATION AND RETURNED PROMPTLY TO THE FUND OFFICE. See reverse side of this form for explanation and instructions.

SECTION 1: ANNUAL CERTIFICATION

(MUST BE COMPLETED IN FULL BY ALL PENSION BENEFIT RECIPIENTS AND NOTARIZED BELOW)

I, the undersigned, hereby certify that I am alive and a participant (includes surviving Eligible Spouse, former Spouse or Dependent Child of a participant) of the Local 705 International Brotherhood of Teamsters Pension Fund. I understand that failure to sign and return this executed and notarized Certification may result in a temporary suspension of benefits. I declare under penalty of perjury of the laws of the United States and the State of Illinois that the foregoing is true and correct.

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ X \_\_\_\_\_
(last 4 digits are acceptable) Signature of Pension Recipient

Phone No.: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Check this box if this is a new home/cell phone, email or home address from last year.

City, State, Zip: \_\_\_\_\_

PRINT CLEARLY AND FILL IN ALL SECTIONS THAT APPLY. IF USING A POWER OF ATTORNEY NOT ALREADY ON FILE, PLEASE PROVIDE A COPY.

SECTION 2: ANNUAL CERTIFICATION RETIREMENT FROM INDUSTRY EMPLOYMENT

ALL RETIRED PARTICIPANTS MUST COMPLETE SECTION 1 (ABOVE) AND SECTION 2 (BELOW) (This excludes survivors or those receiving benefits pursuant to a Qualified Domestic Relations Order)

I hereby certify that I am alive and a retired participant under the provisions of the Local 705 International Brotherhood of Teamsters Pension Plan and receiving pension benefits.

Under Age 65: I further certify that I am not currently engaged in Industry Employment, as defined in Article 2, Section 2.32 (defined on reverse side). I understand engaging in Industry Employment while receiving pension benefits shall result in the suspension of my pension benefits.

-or-

Over Age 65 and Less Than 70 1/2: I further certify that I am not currently engaged in Industry Employment, as defined in Article 2, Section 2.32 (defined on reverse side) and if so, for no more than 39 hours per month. I understand engaging in Industry Employment of at least 40 hours per month while receiving pension benefits shall result in the suspension of my pension benefits.

I am 70 1/2 years of age or older.

I also understand that I may be required to provide additional documentation to show the Administrator that I am not engaged in Industry Employment.

Date: \_\_\_\_\_ X \_\_\_\_\_

Signature of Retired Participant

State of \_\_\_\_\_ County of \_\_\_\_\_;

The undersigned, a Notary Public, hereby certifies that on this date the above-named personally appeared before me, is personally known to me, and being first duly sworn by me, acknowledged the signing of the foregoing document.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Place notary seal here)

X \_\_\_\_\_

(SIGNATURE OF NOTARY)

My commission expires: \_\_\_\_\_

## **NOTICE TO RETIRED PARTICIPANTS**

THE FOLLOWING CONTAINS IMPORTANT INFORMATION CONCERNING THE CONTINUED RECEIPT OF YOUR PENSION BENEFIT PAYMENTS. YOUR PROMPT RESPONSE IS REQUIRED.

In order to maintain Local 705 International Brotherhood of Teamsters Pension Fund's high standards of internal control and to ensure that each participant who is entitled to monthly benefits continues to receive those benefits, the Board of Trustees requires an annual certification. The Annual Certification and Annual Certification Retirement from Industry Employment are contained on the reverse side of this form.

You must return the signed and notarized Certification to the Pension Fund Office at the letterhead address. A return envelope is enclosed for your convenience. **Failure to return the notarized Certification will result in the suspension of your benefit payments.**

### **YOU MUST FOLLOW THESE INSTRUCTIONS**

1. If you are a Survivor, Dependent or Alternate Payee under a Qualified Domestic Relations Order you only have to complete Section 1 in full with notarization at the bottom of the form.
2. All retired participants must complete Sections 1 and 2 in full with notarization.

***THIS CERTIFICATION IS UNACCEPTABLE IF IT IS NOT NOTARIZED AND WILL BE RETURNED FOR COMPLETION.***

### **INFORMATION REGARDING INDUSTRY EMPLOYMENT**

Under the provisions of Article 4.9 of the Local 705 International Brotherhood of Teamsters Pension Plan, the Board of Trustees of the Local 705 International Brotherhood of Teamsters Pension Fund has adopted an Employment Verification Procedure, which provides as follows:

Every Participant, including a Participant receiving a Disability Pension, must notify the Administrator if he or she returns to work in Industry Employment after his Normal Retirement Date (age 65). Upon appropriate investigation and notice to the Participant, pension payments shall be permanently suspended for all periods of reemployment if he returns to work more than 40 hours per month in Industry Employment.

Industry Employment is defined in Article 2, Section 2.32 as:

*"Any public or private work covered, or of the type covered, by any Collective Bargaining Agreement under Local 705 or signatory to a Reciprocal Agreement (except the National Reciprocal Plan), including any work performed as an Employee, supervisor, manager, consultant, independent contractor, sole proprietor, member of an unincorporated firm or partnership, or officer of a corporation, as well as all employment by an Employer and all employment which involves supervision or management of Employees engaged in work which is covered, or of the type covered, by any Collective Bargaining Agreement".*

As a condition of continued receipt of future benefits, the Participant must certify that he or she is not engaged in Industry Employment. Failure to complete the Annual Certification will result in the Trustees adopting a rebuttable presumption that the Participant is engaged in Industry Employment. Suspension of benefits will result from such a rebuttable presumption, until compliance with the certification is made.

A Participant who certifies that he or she is employed in other than Industry Employment may be required to provide factual information sufficient to establish that his or her employment does not constitute Industry Employment.

Any questions regarding this Annual Certification may be directed to the Pension Department at (312) 738-2811.