

Request for Review of Job Description

Date

Social Security Number

Participant Name (Please print)

Address

Address

Phone Number

**To: Locals 302 and 612 IUOE
Attn: Pension Department
P. O. Box 34203
Seattle, WA 98124**

In order to determine if I am eligible for my retirement benefit payments while working;

- ☐ I have attached an employer issued job description for employment I wish to have reviewed

Company Name

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Company Phone Number

Company Address

Contact Name

Average Hours to be worked per month

Job Title

Job Duties

Tools I'll be using for this employment

Starting Date

I understand I must notify the Administration Office **prior** to returning to work of any kind in Post Retirement Service. If I work in prohibited employment, I will be required to reimburse the Plan for any overpaid benefits. If I fail to notify the Plan and I continue to receive benefits, I will be personally liable for any and all benefits distributed to me while I am ineligible. I understand that the Plan has a right to receive full reimbursement for these amounts paid to me, as well as any other remedies available to the Plan, to the fullest extent of the Law.

Participant Signature

Date

Name:
WPASID:

Questionnaire Regarding Post-Retirement Service

You requested review of whether certain post-retirement employment will be considered “Post-Retirement Service” under the Plan for which retirement benefits will be suspended. To assist in this review, please provide the following information with as much detail as possible.

1. Describe your education, including any apprenticeship training. Include dates of any degrees.

2. Summarize the type of work you performed **when working for employers that contributed to the Plan on your behalf**. Include all work since you commenced participation in the Plan. Attach additional sheets if necessary.

3. List all core skills required for the various jobs you held **with employers that contributed to the Plan on your behalf**.

4. List all core duties required for the various jobs you held **with employers that contributed to the Plan on your behalf**.

5. **Did you ever work as a foreman, superintendent or in another supervisory capacity when working for employers that contributed to the Plan on your behalf?** If yes, please provide details, including job title, responsibilities and period of such employment.

6. Indicate the name of your employer for the post-retirement employment.

7. In what State is the post-retirement employment?

8. Describe your qualifications for the post-retirement employment.

9. How did you obtain the qualifications to perform the post-retirement employment?

10. Describe additional training required to qualify for or perform the post-retirement employment.

11. What will your duties be in the post-retirement employment? Please also attach an employer job description.

12. What are the core skills required for the post-retirement employment?

13. Where did you learn the skills required for the post-retirement employment?
