

**ALASKA TEAMSTER-EMPLOYER PENSION TRUST
BENEFIT RESUMPTION NOTICE**

Pensioner's Name (First) (M.I.) (Last)	Social Security #
Residence (Street & Number) (City) (State) (Zip)	Phone Number
Spouse's Name (First) (M.I.) (Last)	Social Security #

INSTRUCTIONS

You must properly complete and file this form with the Pension Trust office to have your retirement benefits resume following your re-employment period. You previously received a notice of suspension advising you that your retirement benefits were suspended because you had returned to work and worked forty (40) or more hours in a calendar month. This re-employment was considered to be suspendible employment.

The Plan defines **suspendible employment** which includes covered employment as:

- * *Industry.* The employment is in any industry covered by the Plan on your Retirement Date or when you satisfied the Plan's age and service requirements for retirement benefits;
- * *Trade/Craft.* The employment is in any trade or craft in which you worked in Covered Employment at any time (which includes, for example, any job classifications you held, the duties you performed, or the skills you used or acquired while working in Covered Employment); and
- * *Geographic Area.* The employment is in the geographic area covered by the Plan, which includes the entire State of Alaska.

Suspendible employment **includes** supervisory employment or self-employment which meets these conditions, regardless of whether it is covered by a Collective Bargaining Agreement.

You were previously furnished a copy of the **Summary Plan Description** which describes the Plan's benefit suspension rules. You may obtain another copy, for a cost of \$5, by contacting the Trust Customer Service Office.

Your date of re-employment began on _____ resulting in your benefit suspension.

Please indicate below those months in which you've worked in suspendible employment by designating the name of each employer and the number of hours you worked in each month.

Month	Year	Hours	Employer Name	Year	Hours	Employer Name
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

***If additional space is needed to outline your re-employment attach a separate sheet of paper.**

Continued on the reverse side. . .

STATEMENT OF PENSIONER

I understand that if my re-employment (in any calendar month in which I've worked forty (40) hours or more as I have shown below) was suspendible employment then the amount of the retirement benefit payments I have received for those month(s) will be deducted from any further retirement benefit payments I may become entitled to. The deduction procedure was explained to me in the Plan's notice of suspension.

I hereby certify that since the beginning of the month of _____, 20_____, I have no longer worked in suspendible employment for forty (40) hours or more in any one calendar month.

I understand that once I have completed and filed with the Plan this benefit resumption notice, the Plan will determine whether or not I am eligible to begin receiving retirement benefit payments once again. If I have indicated that my re-employment may not have been suspendible employment, I may be asked to furnish additional information about the nature of my re-employment. In the event I am asked to furnish additional information, the Plan's decision to resume my retirement benefit payments may be delayed until I have provided that information.

Section 1027 of Title 18 of the United States Code makes it a crime to knowingly make a false statement in any document required to be kept by or certified to the administrator of an employee pension or welfare plan. The punishment for violations of this law can be both a fine up to \$10,000 and imprisonment for as long as five years.

I have provided the above information to the very best of my knowledge. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Pensioner's Signature

Date

STATE OF _____)
) ss:
_____ County or _____ Judicial District)

THIS IS TO CERTIFY that on this _____ day of _____, 20 ____ and sworn, personally appeared _____, to me known to be the person described in and who executed the foregoing document, and he/she acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official notarial seal on the date first hereinabove written.

(Seal)

Notary Public in and for: _____
My Commission Expires: _____
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If you wish to apply for your **second retirement** as a result of your re-employment, please check the box below and the Pension Trust office will send you an application. If your re-employment period began after August 31, 1999 or you retire more than twice, your benefits will not increase until you have attained age 65. **In the event there is a change in your marital status, you should provide adequate documentation for such changes.** If you have any additional questions regarding your re-employment, please contact the Trust Customer Service Office at:

Please return this form to:

**ALASKA TEAMSTER-EMPLOYER PENSION TRUST
520 E. 34th Avenue, Suite 107
Anchorage, Alaska 99503-4116
907/565-8300 or 800/478-4450 (toll free)**

- Please send me an application for my **second retirement** as I wish to select a *different* retirement option. I further understand if I am only resuming my first retirement benefit, the above does not apply and I will resume benefits under the same form of payment elected on the first retirement.