

**SUSPENDIBLE EMPLOYMENT DETERMINATION**

You are prohibited from working in Suspendible Employment for 40 or more hours when you are retired from the Alaska Teamster-Employer Pension Plan.

AFTER YOU RETIRE, if you are employed or will become employed by an employer who does not contribute to this Plan, you must describe that employment on this form. You may also use this form to describe contemplated employment. The Trust will make a determination based on the information you provide.

The information you provide will be compared to Union dispatch records and the records maintained by the Trust regarding your service under the Plan.

If you have questions regarding the Plan's Suspendible Employment provision, please refer to pages 26 and 27 of your Summary Plan Description.

**Member Name:** \_\_\_\_\_ **Member Social Security #** \_\_\_\_\_

1) List **all trades or crafts** you performed while working for employers who contributed to the Alaska Teamster-Employer Pension Plan. Please **be specific** (i.e., telephone operator, lowboy driver, forklift operator, warehouseman, surveyor, etc.). Attach an additional form, if necessary:

\_\_\_\_\_  
\_\_\_\_\_

2) **Is the post-retirement employment you will describe:**  **Proposed** Employment?  
 **Existing** Employment?

**Not applicable;** I am not employed in any capacity with any employer, including self-employment, nor am I contemplating any post-retirement employment at this time. **If you marked this box, skip the remainder of this form and sign on the reverse side of the form.**

3) **List the name, address and telephone number of your proposed or present post-retirement employer:** \_\_\_\_\_

4) **List the type of business activity (the industry) of this employer:** \_\_\_\_\_

5) **Is this employment in a business you own (i.e., self-employment)?**  **Yes**  **No**

6) **List the date on which you became employed or will become employed:** \_\_\_\_\_

7) **Is this employment in Alaska?**

**Yes.** If you answered "Yes" to question #7, complete #8 through #11.

**No.** If you answered "No" to questions #7, **list the state in which you are employed** and *skip the remainder of this form and sign* on the reverse side. State of: \_\_\_\_\_

8) Please describe the *trade or craft* you are engaged in with this employer (i.e., what are your specific duties?)

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9) Why did the employer find you qualified for the position (i.e., list the specific skills and experience required?)

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10) Does this employment require that you perform *any* skills or require *any* experience from *any* trade or craft which you performed during your employment under the Alaska Teamster-Employer Pension Plan?

Yes       No

If you answered "Yes" to question #10, explain why the trade or craft is the same or *similar*: \_\_\_\_\_

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If you answered "No" to question #10, explain why the trade or craft is *different*: \_\_\_\_\_

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11) How many hours *per month* are you or will you be working for this employer:

Under 20 hours       20 to 39 hours       40 or more hours

**PARTICIPANT'S STATEMENT**

I have provided the above information to the very best of my knowledge. I understand this information will be used to determine whether I am eligible to work in the employment I have described on the reverse side of this form and, at the same time, be eligible for retirement benefits or actuarial age increases under the Alaska Teamster-Employer Pension Plan. I further understand that if the information I have provided is lacking in any way and a future review of this employment determines that I am working in Suspendible Employment, I will owe any benefits I received during those months in which I have worked in Suspendible Employment for 40 or more hours. *I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.*

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

NOTE: 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 (5) years.

**TO BE COMPLETED BY NOTARY PUBLIC**

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public In And For: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_