

DISABILITY RETIREMENT QUESTIONNAIRE

FORM 11

ALASKA TEAMSTER-EMPLOYER PENSION TRUST
 520 E. 34th AVENUE, SUITE 107
 ANCHORAGE, AK 99503-4116
 TELEPHONE: (907)565-8300 OR (800)478-4450

NOTARY STATEMENT ON REVERSE SIDE

NAME: _____ SSN: _____

DATE OF BIRTH: _____ CURRENT AGE: _____

(1) EDUCATION

	School Name and Location	Highest Grade Completed	Years Attended
Grade School			
High School			
College			
Other			

(2) ANY VOCATIONAL TRAINING? Yes* _____ No _____ *If yes, please explain:

(3) EMPLOYMENT (Please provide your **full** work history, including **union** and **non-union**.)

Name of Company	Date(s) Employed	Position	Responsibilities

