

May 5, 2015

RE: Alaska Teamster-Employer Pension Plan - Benefit Suspension Rules

Dear Retiree:

This notice requires you respond. Failure to respond may result in your benefit being suspended. You may complete the questionnaire below and return it by mail, fax or email. You may also go online and complete the form and it will be automatically submitted to us through the website.

Why are you receiving this? Applicable provisions of the Alaska Teamster-Employer Pension Plan require that you periodically certify in writing that you are not employed in Suspendible Employment.

What is Suspendible Employment? Suspendible Employment is employment in:

- ✓ any industry covered by the Plan on your Retirement Date or when you satisfy the Plan's age and service requirements for retirement,
- ✓ any trade or craft in which you worked in Covered Employment at any time, and
- ✓ the geographical area covered by the Pension Plan, including the state of Alaska.

Suspendible employment includes supervisory employment or self-employment which meets these conditions.

As a retiree of the *Alaska Teamster-Employer Pension Plan* you are not eligible to receive your monthly benefit payment for any months in which you are working in Suspendible Employment for 40 or more hours per payroll month after retirement.

Please complete the appropriate statement below, sign and return to the Alaska Teamster-Employer Pension Trust *by July 6, 2015*. If you do not respond to this request, your benefit payments may be withheld until you provide the requested information. If your benefit is withheld for a lack of response, it will be reinstated retroactively once a sufficient response is received; assuming any employment you may have engaged in is not suspendible.

person. (If you checked this box, please sign the form and return.)	
I have performed work as an employee or self-employed person since my retirement date. (If you checked this box, please continue to complete the remaining questions on the reverse side this form).	
Is your employment in the state of Alaska? □No □ Yes	
If you marked "No", where were you employed?	

If you marked "Yes", please describe your employment in the designated section below.

Name of Employers
Name of Employer:
Address of Employer:
Area Code/Telephone Number: ()
Date employment began Date employment ended
Number of hours worked monthly
Describe the job you performed for this employer; why your employer found you qualified; and whether it required any skills you practiced under the Plan. <i>Please be very specific</i> .
If you worked for several employers and need additional space,
please attach a separate sheet of paper answering the questions above.
CERTIFICATION
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 this form and, at the same time, be eligible for retirement benefits 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 forty or more hours. I declare under penalty of perjury under the taws of the United States of America that the foregoing is true and correct.
Print Name: Date:
ignature: SSN (Last 4 digits):
elephone:Email:
Return Options 1.) Go to work 050trusts com and link to the questionnaire on the front name

- 1.) Go to www.959trusts.com and link to the questionnaire on the front page
- 2.) Email completed form to: benefits@959trusts.com
- 3.) Fax completed form to: <u>907-751-9738</u>
- 4.) Return completed form via USPS to: <u>AK Teamsters Retiree SE Project, 520 E.34th Ave, Ste 107, Anchorage AK 99503</u>