ALASKA TEAMSTER-EMPLOYER PENSION TRUST BENEFIT RESUMPTION FOLLOWING NON-COVERED SUSPENDIBLE EMPLOYMENT

Pensioner's Name	Social Security #
Mailing Address	Phone Number
Spouse's Name	Social Security #

INSTRUCTIONS

Please complete and submit this form to the Pension Trust office to resume your retirement benefits following your remployment period.

You previously received a notice of suspension advising you that your retirement benefits were suspended because you had returned to work and worked 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.

Your date of re-employment was	resulting in your benefit suspension.
Please indicate below those months in which you've worked in su	spendible 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. . .

(Resumption\Benefits.DOC)

STATEMENT OF PENSIONER

I understand that if my re-employment (in any calendar the preceding page) was suspendible employment then those month(s) will be deducted from any further retirer procedure was explained to me in the Plan's notice of s	n the amount of the retire ment benefit payments I	ement benefit paym	ents I have received for
I hereby certify that since the beginning of the mor suspendible employment for 40 hours or more in a	nth of ny one calendar month	, 20	_, I have not worked in
I understand that once I have completed and submitted not I am eligible to begin receiving retirement benefits of been suspendible employment, I understand I may be a employment. In the event I am asked to furnish addition my retirement benefit payments may be delayed until I	once again. If I have ind asked to furnish addition anal information, I further	icated that my re-e al information abou understand the Pla	mployment may not have it the nature of my re-
Section 1027 of Title 18 of the United States Code in document required to be kept by or certified to the punishment for violations of this law can be both a	administrator of an em	ployee pension o	r welfare plan. The
I have provided the above information to the very best of the United States of America that the information I have			of perjury under the laws
Pensioner's Signature		Date	
STATE OF County orJudicial Distri			
THIS IS TO CERTIFY that on this, personally free and voluntary act for the uses and purposes therei	appeared before me an		
WITNESS my hand and official notary			
(Seal)	Notary Public in and f My Commission Expi	or:	

If you wish to apply for your <u>second retirement</u> 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.

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 <u>second retirement</u> on which I may elect a different payment 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.

Resumption\BenefitsDOC (8-1-2006)