



I.A.M. NATIONAL PENSION FUND
REQUEST FOR RULING ON EMPLOYMENT

This form must be completed in its entirety if you plan to work after you retire.

Name Last First MI
Last 4-digits SSN Your daytime phone no/Cell Number.

Last Contributing Employer to the Fund for which you worked
Physical Location
Type of Business
All Covered Job Title(s)/Classification(s)
Describe your duties in each job: (Please be specific and include the tools or machines with which you worked).

Name of most recent Post Retirement Employer:
Employer Address:
Employer's Phone Number: ( ) Ext.
Projected / Date of hire: Hours of work per month:
Date of termination (if applicable):
Describe Type of Business (if machine shop/manufacturer, etc. describe product produced or repaired):
Job Title/Classification:
Describe your duties (Please be specific and include the tools or machines with which you work.)

Signature

Date

Return Form by either
Email at contact@iamnpf.org,
Fax 202-471-2547 or,
mail to IAMNPF 99M Street SE, Suite 600 Washington, DC 20003-3799