

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

**Please complete this form if you plan to work after you retire or have worked in ANY employment after you attained age 65.**

Covered Employee/Pensioner Name \_\_\_\_\_

Last First

Social Security Number \_\_\_\_\_ Your daytime phone no. \_\_\_\_\_

Name of **most recent/current** Employer: \_\_\_\_\_

Co. Address: \_\_\_\_\_

Co. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Date of hire: \_\_\_\_\_ Hours 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 prior to age 65: \_\_\_\_\_

Job Title/Classification after age 65 (if applicable) \_\_\_\_\_

Describe your duties (Please be specific and include the tools or machines with which you work.)

\_\_\_\_\_

**Former Contributing Employer** \_\_\_\_\_

**Location** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Covered Job Classification** \_\_\_\_\_

**Describe your duties** (Please be specific and include the tools or machines with which you work).

\_\_\_\_\_

Signature

Date

**DO NOT WRITE BELOW THIS LINE**

FUND OFFICE USE ONLY:

Age at Reemployment Date or PED \_\_\_\_\_ When age 65? \_\_\_\_\_

NRA Date: \_\_\_\_\_ PED: \_\_\_\_\_

7.6  
\_\_\_\_ a contributing employer (a)  
\_\_\_\_ same trade or craft as worked under the Plan (b)  
\_\_\_\_ working more than 39 hours a month (c)

7.7  
\_\_\_\_ a contributing employer (a)  
\_\_\_\_ industry covered by the Plan and same trade or craft (b)

Decision \_\_\_\_\_ Reviewed by/Date \_\_\_\_\_  
Pre-6/14 \_\_\_\_\_; Post-6/14 \_\_\_\_\_; Post-11/15 \_\_\_\_\_; Post-9/15/18(7.7) \_\_\_\_\_

Comments \_\_\_\_\_