



I.A.M. NATIONAL PENSION FUND
REQUEST FOR RULING ON EMPLOYMENT AT AGE 65 OR OLDER

This form must be completed in its entirety if you plan to work after you retire and if you worked after attaining age 65 and are now applying for a benefit. If applying for a benefit after you attained age 65 the information below may be used to determine eligibility for an actuarial increase. If this is applicable, you must list ALL employment after you attained age 65.

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 work).

Name of Post-Retirement Employer:
Address of Employment:
Employer's Phone Number: () Ext.
Projected / Date of hire: Hours of work :
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 202-857-3713 or,
mail to IAMNPF 1300 Connecticut Ave NW, Suite 300 Washington, DC 20036



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DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY PENSION ANALYST:

Covered Employee/Pensioner Name: _____

Application ID: _____

Age at Reemployment Date or PED _____ When age 65? _____

NRA Date: _____ PED: _____

CHECK APPLICABLE LINE(S): ___ 70 ½ ___ late retirement request ___ monthly benefit

TO BE COMPLETED BY ROE ANALYST:

7.6

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

Decision _____ Reviewed by/Date _____

Pre-6/14 _____ ; Post-6/14 _____ ; Post-11/15 _____ ; Post-9/15/18(7.7) _____

Comments _____

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