



Iron Workers' Locals 15 and 424

Pension, Extended Benefit, Annuity and Apprenticeship Training Funds

321 RESEARCH PARKWAY • SUITE 210 • MERIDEN, CT 06450 • TEL 203-238-1204 • FAX 203-639-0815

EXECUTIVE DIRECTOR, SUSAN A. HENDERSON

TOLL FREE 1-800-982-3709

LABOR TRUSTEES

JOSEPH P. TONER, Co-Chairman

JAMES J. DOHENY, Secretary

SHAUN McCAULEY

MARK J. BUONO

MANAGEMENT TRUSTEES

DAVID HUNT, Co-Chairman

LOWELL KAHN

RICHARD FITZGERALD

MICHAEL O'SULLIVAN

IRON WORKERS' LOCALS NO. 15 and 424 PENSION FUND

BENEFIT SUSPENSION NOTICE

This is to certify that I, _____, will be coming out of retirement and returning to work in the iron working industry in the jurisdiction of either Local Union No. 15 or Local Union No. 424 on _____ (return to work date), and understand that my monthly pension benefit will be suspended under the rules of the Plan.

I am aware that if I return to work before the first of the month and receive my pension benefit for that month, I am responsible for reimbursing the Pension Fund.

I am also aware that if I have medical coverage under the Retiree Plan, I will be responsible for making my monthly premium payments until I work the required amount of hours to become eligible under the Active Plan.

(SIGNATURE)

(DATE)

(SSN)

(CURRENT ADDRESS)

This notice should be completed, signed and returned to the Trustees of the Iron Workers' Locals No. 15 and 424 Pension Fund at the above address before you return to work.