INQUIRY REGARDING PENSION CREDITS

UFCW TRUST
Working For Your Benefit

1000 Burnett Ave., Ste. 110 Concord, CA 94520
Telephone (800) 552-2400 Fax (925) 746-7552
WWW.UFCWTRUST.COM

TYPE

- ☐ Normal / Early
- ☐ Rule of 85
- ☐ Reciprocity
- ☐ Credit for Disability / Exempt / Connecting Non-Covered Service

NAME	GENDER ☐ Male ☐ Female	UFCW Union #
STREET ADDRESS	SOC. SEC. NUMBER	DATE OF BIRTH
CITY STATE ZIP	EMAIL ADDRESS	
ANY OTHER SURNAME - e.g., maiden	TELEPHONE	
ARE YOU WORKING AT PRESENT IN CALIFORNIA UNDER A UFCW CONTRACT? ☐ Yes ☐ No	I AM PLANNING TO RETIRE SOON ☐ Yes ☐ No	
IF NO, PLEASE ADVISE YOUR CURRENT WORK STATUS & EMPLOYER		

Complete your employment history below beginning with the store or company where you are now employed and list all jobs back to the first one, showing the type of work performed. If there are any gaps in your work history, please indicate what you were doing.

NAME OF STORE/COMPANY	CITY	CLASSIFICATION (Clerk, Meatcutter, Pharmacist, Manager, etc.)	DATES OF EMPLOYMENT			
			From		To	
			Month	Year	Month	Year
1 Present Employer					Present	
2						
3						
4						
5						
6						
7						
8						

Please complete the section below for all periods of your work history during which you were not in a union position in the industry.

REASONS FOR BREAK IN EMPLOYMENT	DATES OF BREAKS IN EMPLOYMENT			
	From		To	
	Month	Year	Month	Year
Military Service (attach DD 214)				
Illness or injury (attach Disability Statements showing dates covered and payment amounts				
Exempt Employment, Management, etc.				
UFCW employment outside Northern California (Employer and Location)				
Worked in other industry or trade (Employer and type of work)				
Self-Employment (Type of Store, Industry and Location				
Other Causes (State briefly with dates)				

I hereby certify that the foregoing statements, including any accompanying statements, are to the best of my knowledge and belief, true, correct and complete. I hereby authorize any physician, any hospital or insurance company to furnish and disclose all known facts concerning my history. A copy or photocopy of this authorization shall be as valid as the original.

THIS IS NOT AN APPLICATION FOR RETIREMENT BENEFITS.

If you wish to apply for Pension Benefits, contact your Union Local or the Fund Office.

SIGNATURE_____ **DATE:**_____