# THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND

# **EMPLOYMENT STATUS QUESTIONNAIRE**

Submit completed form to your Area Administrative Office						
Social Securi	ty No.	Participant	's Name: (First)	(M.I.)	(Last)	
We have received your application for an Age Retirement Benefit and need additional information from you regarding your current employment status before your application can be processed. According to your application you are no longer working in covered employment. The purpose of this form is to verify whether you are currently working in a trade or craft, or industry which would preclude receipt of your retirement benefit during such employment for the reasons stated below:  Although you may currently qualify for an Age Retirement Benefit, it is important for you to understand that any employment you work in after retirement but before Age 65 is subject to the Plan's Benefit Suspension Rules. If you continue working after your Benefit Effective Date your benefits may be suspended if the work you perform is Suspendible Employment. On the reverse side of this form you will find a brief description of the Plan's Benefit Suspension Rules. It is important that you read and understand these rules.						
Office.	If you have an	y questio		yment after	m and return it to your Area Administrat your benefit effective date could qualify trative Office.	
1.	I have left my Teamster covered position and am currently employed with another employer or the same employer:  YES  NO  If you answered <u>no</u> , you only need to sign this form and return it to your Area Administrative Office. If you answered <u>yes</u> , please complete questions 2 through 6 and return your completed form to your Area Administrative Office.					
2.	Employer n		Check box if self-employed			_
	Phone No.:					_
3.	What was your Date of Hire:  What is or will be your date of termination, if you don't know indicate unknown:					
4.	What is your job title at your current job:					
5.	What business activity or industry is your employer engaged in:  (example: trucking, warehousing, moving & storage, food processing, bakery, construction, brewery, clerical)					
6.	Describe the work you perform, including list of skills required:					
☐ I am considering returning to work, please send me a Request For Evaluation of Reemployment form. (Check box if you would like your Area Administrative Office to send you a form.)						

Date

Participant Signature

## REPORTING REQUIREMENTS FOR REEMPLOYED PENSIONERS

Effective January 1, 2001

#### YOUR RESPONSIBILITY AS AN AGE PENSIONER

If you are an age pensioner under age 65, you are required to comply with the employment reporting and verification requirements of the Plan. These requirements state that annually you must verify in writing whether you were employed during the previous year. In addition, you are required to promptly notify your Area Administrative Office any time you return to work in Suspendible Employment. This notification must provide enough information for the Trustees to determine whether your work falls within the definition of Suspendible Employment. If you decide to go back to any kind of work after you retire, contact your Area Administrative Office in advance and they will send you a *Request for Evaluation of Reemployment* form to complete detailing your proposed employment. That way you can find out beforehand if your work may cause you to lose any benefits.

**Important Note:** The Trustees made an important change in the Plan's suspension of benefit rules for retirees over age 65. Beginning January 1, 2001 if you are age 65 or older, you can work as much as you want in any kind of job and still receive your monthly benefit. If you turn age 65 by December 31, 2000, this change applies to your work on or after January 1, 2001. If you turn age 65 after this year, the new rule applies to you starting with the first month beginning after your 65<sup>th</sup> birthday (if your 65<sup>th</sup> birthday is the first of the month, the new rule applies to you starting with the month you turn 65). As long as you are under age 65, you are still subject to the Plan's Suspendible Employment rules which limit the number of hours you can work in a month to 49 hours.

### HOW TRUST WILL DETERMINE HOURS OF SUSPENDIBLE EMPLOYMENT

The rules of the **Western Conference of Teamsters Pension Plan** state your retirement benefit payments must be suspended if you return to work in Suspendible Employment before age 65. **Under these rules you forfeit the right to receive your retirement benefit for any month in which you complete 50 or more hours of Suspendible <b>Employment.** An hour of Suspendible Employment during a calendar month includes each hour of Suspendible Employment for which you are compensated, whether or not you perform any work during that hour.

The Plan will consider your reemployment to be Suspendible Employment if all of the following conditions are met:

- Your work as a retiree is in a trade or craft you worked in as a covered employee at some time during your Teamster career.
- Your covered work as a retiree is in an industry covered by the Plan at the time of your retirement. If your
  work is non-covered, your non-covered work is in an industry you worked in as a covered employee during
  your Teamster career.
- Your work as a retiree is in the geographic area covered by the Plan.

If the Trust is unable to determine the actual hours of Suspendible Employment you completed during a calendar month, the Trust will charge you with 50 hours of Suspendible Employment for each month you received payment for any Suspendible Employment you completed on each of 8 or more days in that month or any 4 week or 5 week payroll period ending within that month.

If you **fail to notify your Area Administrative Office** and they become aware of your reemployment, then they will proceed to apply the benefit suspension rules and presume that you worked 50 or more hours of Suspendible Employment during the month. If your benefits are suspended, you can appeal the determination by providing satisfactory evidence that you either completed less than 50 hours in a month, or that your employment was not Suspendible Employment.

The United States Department of Labor has issued regulations covering benefit suspension. These regulations may be found in Section 2530-203.3 of Title 29 of the Code of Federal Regulations. Also, the provisions of the Plan explaining your responsibilities as an age pensioner are included in the Plan document. If you would like a copy, contact you Area Administrative Office.