



# WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST

CERTIFICATION OF COMPLETE SEVERANCE AND TERMINATION OF EMPLOYMENT

Please read important information on reverse side before completing this form.

## STATEMENT BELOW TO BE COMPLETED BY PARTICIPANT

I have read and understand the Plan's early retirement rules as summarized on the back of this Certification. I acknowledge that for the purposes of this Certification, the employer listed below and all business entities affiliated with that employer, are to be considered the same employer.

- My most recent **Covered Employer** is/was: \_\_\_\_\_.  
*(This is the employer you last worked for that paid pension contributions into the Trust on your behalf, even if you are no longer working for that employer or are now working in a position for that employer that does not require pension contributions.)*
- My **Termination Date** for the above employer was/will be: \_\_\_\_\_. **This date is the date of the last hour for which you are paid by your employer, including any paid vacation, holiday, sick or any other compensable hours.**
- Are you currently working for this employer or any subsidiary or other related entity in any capacity?  
 NO  YES
- Do you intend to perform any service for this employer in any capacity (whether or not as a Teamster) after your Pension Effective Date?  
 NO  YES *(If yes, please explain on a separate sheet of paper.)*

## I DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT BEFORE MY PENSION EFFECTIVE DATE:

- I have or will have stopped all work (whether or not as a Teamster) with the employer listed in #1 above; **and**
- I have or will have completely severed and terminated my employment relationship with the employer listed in #1 above; **and**
- I do not intend to return to work for the employer listed in #1 above in any capacity; **and**
- I understand that if I do not terminate this employment prior to my pension effective date, my benefit will be stopped and I will be required to repay any benefits received before I can reapply for my pension.

\_\_\_\_\_  
Participant Name

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**I am currently working, or considering working, for a different employer than the employer listed in #1 above.** *(If this statement applies, check the box and complete the Request for Evaluation of Reemployment form for a determination of whether the work you perform for that employer after your requested Pension Effective Date could trigger a suspension of your pension payments.)*

The Trust reserves the right to validate this severance information with your last covered employer.

# HOW TO COMPLETE CERTIFICATION OF COMPLETE SEVERANCE AND TERMINATION OF EMPLOYMENT FORM

## INSTRUCTIONS FOR PARTICIPANTS COMPLETING THIS FORM

The **Certification of Complete Severance and Termination of Employment** form must be completed if you are applying for an Age Retirement Benefit and will be under age 65 on your Pension Effective Date. If you are applying for a Disability Retirement Benefit or will be age 65 or older on your Pension Effective Date, do not complete this form.

Please read the information below before you answer the questions on this form. The information explains how to answer each of the questions asked on the form. In addition to answering the questions, make sure that you enter your Social Security number and name at the bottom of the form. You must also sign and date the form. If you have any questions about completing this form, contact your Administrative Office. The addresses and phone numbers are listed at the bottom of this form.

**Important Reminder:** In order for your Administrative Office to process your retirement application, this form must be completed in full by you and received by your Administrative Office. Receipt of your first benefit check will be delayed if this form is not returned timely. The form must be completed in ink.

1. Indicate your most recent Covered Employer. This is the employer you last worked for in covered employment even if you are no longer working for that employer or are working in a position that is not covered under the Plan.
2. Enter your actual or anticipated termination date for the employer named in *Question #1*. This date is the date of the last hour for which you are paid by your employer, including any paid vacation, holiday, sick or any other compensable hours.

3. Check the yes or no box to indicate if you are working in any capacity for the employer named in *Question #1*. This includes any subsidiary or other entity related to the employer named in *Question #1*.
4. Check the yes or no box to indicate whether you intend to work for your employer named in *Question #1* after your Pension Effective Date. This includes any form of work, covered or non-covered. If you do intend to work, please include an explanation of the type of work you will perform on a separate sheet of paper and send with your application.

### Important Notes:

1. If you are under age 65, and are currently working or considering working for a different employer than the employer listed in *Question #1*, please check the **red** box at the bottom of the front side of this form and complete the *Request for Evaluation of Reemployment* form for a determination of your work for that employer after your Pension Effective Date would trigger of your pension payment.
2. Depending on the date your application is received and your Pension Effective Date, you may be required to complete a *Confirmation of Severance and Termination of Employment* form to ensure that the information originally provided has not changed. This second request will be included with your Benefit Election Packet. This Benefit Election Packet helps you understand your benefit amounts and the payment options the Plan offers. It also contains important retirement information such as automatic bank deposit and tax withholding.

## ADMINISTRATIVE OFFICES

### NORTHWEST/ROCKY MT. AREA

2323 Eastlake Ave. East  
Seattle, WA 98102-3393

(206) 329-4900  
(800) 531-1489

### SOUTHWEST AREA

225 South Lake Ave, Suite 1200  
Pasadena, CA 91101-3000

(626) 463-6100  
(866) 648-6878

### NORTHERN CALIFORNIA AREA

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Brisbane, CA 94005-1841

(650) 570-7300  
(800) 845-4162