



The Western Conference of Teamsters Pension Trust Fund

PAST EMPLOYMENT DATA

Employer Name: _____ Coverage Effective Date: _____
 Address 1: _____ Local Union No.(s): _____
 Address 2: _____ Bargaining Unit: _____
 City: _____ St: _____ Zip: _____ Employer Account No.: _____

All personnel under The Western Conference of Teamsters Pension Plan in your employ on date of coverage.

SSN:	Last Name	First Name	MI	Gender	Date of Birth	Date of Hire
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Address: _____ City: _____ St: _____ Zip: _____

SSN:	Last Name	First Name	MI	Gender	Date of Birth	Date of Hire
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Address: _____ City: _____ St: _____ Zip: _____

SSN:	Last Name	First Name	MI	Gender	Date of Birth	Date of Hire
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Address: _____ City: _____ St: _____ Zip: _____

SSN:	Last Name	First Name	MI	Gender	Date of Birth	Date of Hire
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Address: _____ City: _____ St: _____ Zip: _____

SSN:	Last Name	First Name	MI	Gender	Date of Birth	Date of Hire
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Address: _____ City: _____ St: _____ Zip: _____

STATEMENT OF THE EMPLOYER

The information set forth above is hereby certified to be complete and correct (that is, in accordance with the provision of The Western Conference of Teamsters Pension Plan) to the best of my knowledge.

Employer: _____ By: _____

Date: _____ Title: _____