

**WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST**  
**REQUEST FOR EVALUATION OF REEMPLOYMENT**

Social Security Number:	Name: (First) (M.I.) (Last)	Date of Birth:	Retired?  Yes  No  If yes, indicate date:
Address: (Street & Number)	(City) (State) (Zip Code)		
Phone Number:	Email Address:		

**INSTRUCTIONS:**

This form must be completed in full if you would like a determination from your Area Administrative Office regarding whether the reemployment you are engaged in meets the Plan's definition of Suspendible Employment. You may also use this form to request an advance determination regarding reemployment you are contemplating in the future. Included with this form is a document explaining the Plan's Suspension of Benefit Rules.

To help you understand what the Plan considers to be Suspendible Employment, we have listed below the four crucial questions that must be answered before a determination can be reached. Read each question carefully. You will not forfeit your monthly pension payment unless there is a "Yes" to all four questions.

- **FIRST**, is your work as a retiree in a trade or craft you worked in as a covered employee at some time during your Teamster career?
- **SECOND**, is your covered work as a retiree in an industry covered by the Plan? If your work is non-covered, is your work in an industry you worked in as a covered employee during your Teamster career?
- **THIRD**, is your work as a retiree in the geographic area covered by the Plan?
- **FOURTH**, did the number of hours you were compensated in a month equal or exceed the applicable hours limits? (See attached notice that explains the hours limits.)

As you can see by the above questions, there is much to be considered in evaluating whether your reemployment qualifies as Suspendible Employment. The questions which follow will help provide your Area Administrative Office with the information they need to make this determination. It is extremely important that you complete all the information requested. Once you have completed the information on this form, you must return it to your Area Administrative Office.

For more information regarding the Plan's benefit suspension rules, please visit the Trust website at [www.wctpension.org](http://www.wctpension.org).

**DESCRIPTION OF YOUR EMPLOYMENT BEFORE RETIREMENT**

Describe below **all** the types of work you performed while covered by the *Western Conference of Teamsters Pension Plan* before your retirement. It is extremely important that you complete all the information requested for each employer. If you need additional space, you may include an attachment to this form.

**COVERED EMPLOYER #1**

1. Name of your employer: \_\_\_\_\_
2. Dates you were employed (from/to): \_\_\_\_\_
3. What was your job title: \_\_\_\_\_
4. Business activity or industry of this employer: \_\_\_\_\_
5. What type of equipment/vehicles does this company utilize: \_\_\_\_\_
6. Describe the work you performed, including a list of skills required and equipment/vehicles used:  
 \_\_\_\_\_  
 \_\_\_\_\_

**COVERED EMPLOYER #2**

1. Name of your employer: \_\_\_\_\_
2. Dates you were employed (from/to): \_\_\_\_\_
3. What was your job title: \_\_\_\_\_
4. Business activity or industry of this employer: \_\_\_\_\_
5. What type of equipment/vehicles does this company utilize: \_\_\_\_\_
6. Describe the work you performed, including a list of skills required and equipment/vehicles used:  
 \_\_\_\_\_  
 \_\_\_\_\_

*Continued on reverse side*

### DESCRIPTION OF YOUR EMPLOYMENT AFTER RETIREMENT

Please complete the information below regarding the work you are performing or intend to perform after retirement. If you have already returned to work, please include with this form a breakdown by month of the hours you worked and the name of your employer.

1. Is your employment after retirement:       **PROPOSED**       **PRESENTLY WORKING IN**
2. Name and address of your employer: \_\_\_\_\_  
\_\_\_\_\_  
(Street & Number)                      (City)                      (State)                      (Zip Code)                      (Phone Number)
3. Indicate the date you returned or intend to return to work: \_\_\_\_\_
4. Approximately how many hours do you expect to work each month: \_\_\_\_\_
5. Is this employment covered under a Teamster labor agreement?       **YES**      Local No.: \_\_\_\_\_       **NO**
6. Is this employment in a business you own (*Example: self-employment/owner-operator*)?       **YES**       **NO**
7. Business activity or industry of this employer: \_\_\_\_\_  
*(Example: Freight, Construction, Warehousing, Food Processing, Bakery)*  
If a temporary or staffing agency, list the company you were dispatched to: \_\_\_\_\_
8. What type of equipment/vehicles does this company utilize: \_\_\_\_\_  
*(Example: dump truck, flatbed, mixer, tanker truck)*
9. What is, or will be, your job title: \_\_\_\_\_
10. Describe the work you perform, or intend to perform, and the geographic location (state):  
\_\_\_\_\_  
\_\_\_\_\_  
*(Example of work: truck driver, warehouseman, bookkeeper, mechanic)*
11. Does your current or intended work require you to perform any skills or use experience you utilized during previous work that was covered under the Plan?       **YES**       **NO**      Please explain your answer below:  
\_\_\_\_\_  
\_\_\_\_\_
12. What previous skills have you learned that qualified you for your present or intended work?  
\_\_\_\_\_  
\_\_\_\_\_
13. If there is any additional information you feel should be considered in your evaluation, indicate below:  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION STATEMENT

I have provided the above information to the very best of my knowledge. If a determination cannot be made based on the information I have supplied, I understand that a written statement from my employer or union may be required along with verification of my earnings. I further understand that if a review of my employment determines I am working in *Suspendible Employment*, I will not be entitled to my pension until the hours I work in Suspendible Employment during a month are less than applicable hours limits.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

PLEASE RETURN THIS FORM TO:      **THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST** in care of  
your Area Administrative Office:

**NORTHWEST / ROCKY MT. OFFICE**  
2323 Eastlake Ave. East  
Seattle, WA 98102-3393

**SOUTHWEST OFFICE**  
225 South Lake Ave, Suite 1200  
Pasadena, VA 91101-3000

**NORTHERN CALIFORNIA OFFICE**  
1000 Marina Blvd, Suite 400  
Brisbane, CA 94005-1841

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

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

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