

# FOR STAFF PENSIONERS

## TO BE COMPLETED AND SIGNED BY PENSIONER OR PERSON DESIGNATED TO REPRESENT THE PENSIONER:

This question relates to your current employment status

\_\_\_\_\_ I ***am not*** employed in employment covered by the Staff Plan (as described in Plan Section H1.09 attached). *If this option is checked, proceed to the Participant's Signature and Date, no other information is required.*

\_\_\_\_\_ I ***am*** employed in employment covered by the Staff Plan (as described in Plan Section H1.09 attached).

\_\_\_\_\_ The Pensioner is deceased (must provide a copy of the death certificate).

### **If Pensioner is Employed, Please Complete the Following:**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date of Employment Began: \_\_\_\_\_ Ended: \_\_\_\_\_

Number of Hours Employed Per Month: \_\_\_\_\_

Explanation of work Performed for Employer: \_\_\_\_\_

\_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **If someone other than the Participant is executing this form, then a Power of Attorney must be attached:**

Name of Person Completing this Form: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Power of Attorney Attached