

# TOWBOAT PENSIONERS

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

Pensioner's name: \_\_\_\_\_ Pensioner's IDN: \_\_\_\_\_

This question relates to your current employment status

\_\_\_ I am employed in Maritime Employment (as described in 1.22 of the Plan's Rules and Regulations attached).

\_\_\_ I am not employed in Maritime Employment (as described in Section 1.22 of the Plan's Rules and Regulations 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 Days Employed Per Month: \_\_\_\_\_

Explanation of work Performed for Employer:

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I hereby authorize my employer listed above and on the attachment to this document, if applicable, and any other employer that MEBA Pension Trust – Defined Benefit Plan asks to provide information regarding my employment, to provide the information requested.

I understand that providing false information to the Plan to receive benefits is a federal crime under 18 U.S.C. § 664, which provides that "any person who embezzles, steals, or unlawfully and willfully abstracts or converts to his own use or to the use of another, any of the moneys, funds, securities, premiums, credits, property or other assets of any employee welfare benefit plan or employee pension benefit plan, or of any fund connected therewith, shall be fined under this title, or imprisoned not more than five years, or both."

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

