

Central Pennsylvania Teamsters Pension Fund

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RETIREE EMPLOYMENT FORM

1. Name:

Phone No.:

2. Address:

3. Social Security Number:

4. Pre-Retirement Employer:

(a) Name:

(b) Address:

5. Post-Retirement Employer:

(a) Name:

(b) Address:

6. Type of Business in Which Your Post-Retirement Employer is Involved:
7. The Geographic Area Covered By Your Post-Retirement Employment:
8. List The Months And The Number of Hours For Each Month Since Your Retirement That You Worked For The Employer: (Use Additional Pages If Necessary)
9. List The Pre-Retirement Employers For Whom You Worked, And A Specific Description Of The Type Of Work Performed, While Covered Under the Central Pennsylvania Teamsters Pension Fund:
 - (a) Did You Need Any Special License Or Training For Your Pre-Retirement Employment? If Yes, Please Describe:
10. A Specific Description Of The Type Of Work You Are Performing In Your Post-Retirement Job. If You Contend That You Were A "Supervisor", You Must Provide Specific Information As To Your Duties. You Must Also Provide Specific Information Concerning The Duties Of The Employees You Supervise:
11. Did Your New Post-Retirement Position Require You to Take Any Training Prior To Assuming Employment? If Yes, Please Describe, Including Any Licenses Needed:

12. What Types Of Duties Will You Perform Or What Types Of Skills Are
Required In Your Post-Retirement Job That Were Not Required Or Used
In Your Prior Employment?

I hereby certify that the above information is true and correct.

Participant's Signature

Today's Date

Sworn to me and subscribed before
me this _____ day of _____, 20____.

Notary Public

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