

PLUMBERS & PIPEFITTERS LOCAL 219 PENSION PLAN

**APPLICATION FOR REINSTATEMENT TO RETIREMENT STATUS
AFTER RETURN TO WORK**

- 1) The undersigned Applicant confirms that he/she was in retirement status with the Plumbers and Pipefitters Local 219 Pension Plan and returned to work in the plumbing and pipefitting industry after retirement. As a result, the Applicant's monthly pension benefits were suspended. The Applicant now wishes to return to retirement status with the Pension Plan.
- 2) The Applicant first began working after his retirement, on the ____ day of _____, 20___. The Applicant began work with _____.
(Name of Company)
- 3) On the ___ day of _____, 20___, the Applicant ceased working for _____.
(Name of Company)
- 4) The Applicant confirms and understands that he/she will not be eligible to receive benefits from the Pension Plan until the first day of the month following the month in which he/she last worked in the plumbing and pipefitting industry after his/her initial retirement.
- 5) The Applicant also agrees that he/she will complete such other forms and documentation to reinstate his/her monthly pension benefit as may be required by the Plan's Administrative Manager.

DATE

APPLICANT

***THIS FORM SHOULD BE RETURNED TO THE OFFICE OF THE PLAN'S
ADMINISTRATIVE MANAGER AS SOON AS POSSIBLE.**