

# NOTIFICATION OF RE-EMPLOYMENT

To:

WEST VIRGINIA LABORERS' PENSION TRUST FUND

ONE UNION SQUARE

SUITE 200

CHARLESTON, WEST VIRGINIA 25302

From: \_\_\_\_\_  
Name of Retiree (please print)

RE: West Virginia Laborers Pension Trust Fund Pension Plan

Dear Sirs:

This form is being sent to you as required under the terms of the above Pension Plan. Although I have been receiving pension benefits under the terms of the Plan, I have become re-employed in the employment described below. Please review the information provided and advise me whether my pension benefits will be suspended in accordance with the terms of the plan.

(Please Print All Information)

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

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

Hours Worked Each Month \_\_\_\_\_

Date of Hire \_\_\_\_\_

Amount of Pension I am currently receiving from this Pension Plan \_\_\_\_\_

My Social Security Number \_\_\_\_\_

My Telephone Number \_\_\_\_\_

My Address \_\_\_\_\_

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

Date of this Notification \_\_\_\_\_

Signature \_\_\_\_\_