

NOTIFICATION THAT RE-EMPLOYMENT HAS CEASED

TO: WV LABORERS' PENSION TRUST FUND
ONE UNION SQUARE STE. 200
CHARLESTON, WV 25302

FROM: _____

DATE: _____

Dear Sirs:

This letter is to inform you that I am no longer employed in employment for which pension benefits under the Plan may be suspended. The first month in which I will not have worked 40 hours is _____.

Please take whatever steps are necessary to confirm my status and notify me of the date on which my benefits will resume.

Sincerely,

Signature of Participant

Social Security Number _____