

# I.B.E.W. LOCAL #117 PENSION FUND

6525 Centurion Drive, Lansing, MI 48917-9275  
TOLL FREE (877) 423-9117 • FAX (517) 321-7508

## REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT

Member's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Present Local Union Number: \_\_\_\_\_

Date initiated into present Local Union: \_\_\_\_\_

Have you ever worked in the jurisdiction of another Local Union?      Yes                      No

If yes, please identify the Local Union(s) as follows: (If insufficient space, please continue on back)

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

Local Union No. \_\_\_\_\_ Craft \_\_\_\_\_ City \_\_\_\_\_ Year(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's date of birth (if living): \_\_\_\_\_

Have you ever been divorced?      Yes                      How many times? \_\_\_\_\_      No

If Yes, request complete copies of papers from all divorces.

Are you "totally and permanently" disabled?      Yes                      No

If Yes, what is your Date of Disability? \_\_\_\_\_

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you and your Local Union?

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