

# RETURN TO WORK FORM

Under the rules of the Pension Plan, you have notified us that you have returned to work. The following information is needed by the Fund to process your file under the Return to Work Provisions.

## PLEASE COMPLETE IN FULL

Name: \_\_\_\_\_ SS# or ID#: \_\_\_\_\_

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

Name and Address of Employer: \_\_\_\_\_

Type of work you are (or will be) doing:      CONSTRUCTION      NON-CONSTRUCTION

If Construction – Trade or Craft involved: \_\_\_\_\_

If Non-Construction – Type of Work Involved: \_\_\_\_\_

Location where you are (or will be) working: \_\_\_\_\_

Date you began (or will begin) work: \_\_\_\_\_

Number of Hours you are (or will be) working EACH WEEK (Check One):

Less than 5 Hours

5-9 Hours

10-20 Hours

More than 20 Hours

Number of weeks you expect this work to continue: \_\_\_\_\_

Check here if you do not intend to work over 39 hours in one month.

Last Date of work (if known): \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:  
IBEW LOCAL NO. 117 FRINGE BENEFIT FUNDS  
6525 CENTURION DRIVE  
LANSING, MI 48917-9275  
(517) 321-7502- • FAX (517) 321-7508**