



**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.**

carpenterfunds.com

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Notification of Pensioner Returning to Work

Name

CFAO ID#, UBC ID# or Social Security#

You have received this form because you indicated you intend to return to work. Please complete the information below, check the appropriate box, and return this form to the Trust Fund Office.

Employer Name: _____

Employer Address: _____

Employer Phone#: _____ Job Title: _____

Please briefly describe your job duties:

I am a Retiree who will be returning to Active Employment within the Building and Construction Industry for an entity that is signed to a Collective Bargaining Agreement effective _____. I intend to work 480 hours per calendar year or less and do not want my Pension payments suspended. I understand that if I work in excess of 480 hours in a calendar year, suspension provisions may apply.

I understand that if I return to Active Employment without suspension of my Pension payments in accordance with the Carpenters Pension Trust Fund for Northern California's Prohibited Employment rules, and I work enough consecutive hours to create Active Eligibility, no eligibility will be established. However, if I work enough consecutive hours that except for this rule would have qualified for Active Health and Welfare coverage, 50% of Health and Welfare Contributions remitted on my behalf, for up to 480 hours in a calendar year, may be used to offset my Retiree Health and Welfare Self Payments. If I am not a Participant of Retiree Health and Welfare, or if I work less than enough consecutive hours to create Active Eligibility, no Health and Welfare contributions will be credited to me.

I am a Retiree who will be returning to Active Employment within the Building and Construction Industry for an entity that is signed to a Collective Bargaining Agreement effective _____ and request that my Pension Benefit be suspended until I notify the Trust Fund that I am no longer working. I understand that if I am younger than age 65 when I re-Retire and not on a Disability Pension type, my Pension benefits will be suspended for an additional 6 months following my re-Retirement date.

I understand that if I have my Pension suspended and I was entitled to Retiree Health and Welfare benefits, those benefits will also be suspended. However, I may establish and maintain Eligibility in accordance with the Eligibility Rules of the Carpenters Health and Welfare Active Plan following my suspension of Pension benefits.

I certify the information above is true and correct to the best of my knowledge.

Signature: _____

Date: _____