

**Plumbers and Pipefitters Local No. 333 Pension Fund**

**REQUEST FOR EVALUATION OF POST-RETIREMENT EMPLOYMENT**

|                    |  |                |  |
|--------------------|--|----------------|--|
| Social Security #: | Name: (First, M.I., Last)  | Date of Birth: | Retired? YES      NO<br>If yes, give date. |
| Street Address:    | City:                                  State:                                  Zip Code: |                | Day Phone:<br>Evening Phone:               |

**INSTRUCTIONS:**

This form must be completed in full, so that the Fund Office may make a determination regarding whether your post-retirement employment meets the Plan's definition of suspendible employment. Included with this form are the Plan's Suspension of Benefits Rules.

**DESCRIPTION OF YOUR EMPLOYMENT BEFORE RETIREMENT** If you need additional space, you may include an attachment to this form.

**Employer #1**

1. Name of your employer: \_\_\_\_\_
2. What dates were you employed (from / to): \_\_\_\_\_
3. What Local Union were you a member of: \_\_\_\_\_
4. What was your job title: \_\_\_\_\_
5. What tools did you use on the job:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe in detail the work you performed, including the skills required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer #2**

1. Name of your employer: \_\_\_\_\_
2. What dates were you employed (from / to): \_\_\_\_\_
3. What Local Union were you a member of: \_\_\_\_\_
4. What was your job title: \_\_\_\_\_
5. What tools did you use on the job:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe in detail the work you performed, including the skills required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF YOUR EMPLOYMENT AFTER RETIREMENT**

Please complete the information below regarding the work you are performing, or intend to perform, after retirement. If you have already returned to work, please include with this form a breakdown by month of the hours you worked and the name of your employer.

- 1. Is your post-retirement employment current or proposed? Current Proposed
- 2. Name, address, and phone number of employer: \_\_\_\_\_
- 3. Nature of business or industry of employer: \_\_\_\_\_
- 4. Is this employment covered under a Plumbers and Pipefitters Local 333 collective bargaining agreement? Yes No  
 Is the employer a party to a Plumbers and Pipefitters Local 333 collective bargaining agreement?  
Yes No
- 5. Do you own this business? Yes No
- 6. Indicate date you returned or intend to return to work. \_\_\_\_\_
- 7. How many hours do you expect to work each month? \_\_\_\_\_  
 In what State(s)? \_\_\_\_\_
- 8. Describe the work you are or intend to perform:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 9. List each skill and tool that you will use in this employment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10. What previous skills qualify you for this employment?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 11. If there is any additional information you feel should be considered, indicate below.  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION STATEMENT**

I have provided the above information to the very best of my knowledge. If a determination cannot be made based on the information I have supplied, I understand that a written statement from my employer or union may be required along with verification of any earnings. I further understand that if a review of my employment determines I that am working in suspendible employment, I will not be entitled to my pension until the hours I work in suspendible employment during a month are less than applicable hour limits.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to: Plumbers and Pipefitters Local 333 Fund Office  
c/o TIC International  
6525 Centurion Drive  
Lansing, MI 48917

## *APPLICABLE PLAN PROVISIONS*

**Section 4.8 Suspension of Benefits.** Notwithstanding any other provision of this Plan, the payment of monthly retirement benefits to Retirees who would be eligible to receive such retirement benefits shall be suspended in accordance with the provisions of this Section if the Retiree returns to or continues in employment of the type and for the periods of time set forth herein.

- (a) **Return to Employment.** No monthly retirement benefit shall be paid to any Retiree during any calendar month during which such individual completes 40 or more Hours of Service in:
  - (i) an industry in which Participants covered by this Plan were employed and were covered by this Plan as a result of such employment at the time that the payment of benefits commenced or would have commenced if the Retiree had not remained in or returned to employment;
  - (ii) a trade or craft in which the Retiree was employed at any time under the Plan; and
  - (iii) the geographical area covered by the Plan at the time that the payment of benefits commenced or would have commenced if the Retiree had not remained in or returned to employment. The terms "industry," "trade or craft," and "geographical area covered by the Plan" shall have meanings prescribed by IRC Section 411(a)(3)(B) and Regulations issued by the Department of Labor.
- (b) **Amount.** The amount of normal retirement benefit which will be permanently withheld for the calendar month in which the Retiree or Participant is employed as defined in subsection (a) above shall be the lesser of (1) an amount equal to the monthly benefit which would have been payable to him if he had been receiving monthly benefit under the Plan since his actual retirement date or the date which would have been his actual retirement date but for his reemployment or continued employment based upon a single life annuity commencing at the actual retirement age or (2) the actual amount paid or scheduled to be paid to him for such benefit.
- (c) **Resumption of Payments.** At such time as the Retiree or Participant is no longer employed as defined in subsection (a), above, and has notified the Trustees of that fact in accordance with subsection (f), below, the payment of monthly retirement benefits shall be commenced on the next regularly scheduled date for the payment of such benefits. The initial payment upon resumption shall include the payment scheduled to occur in that calendar month and any amounts withheld from the time such reemployment or employment was terminated until the resumption of payments, less any amounts which are subject to offset in accordance with subsection (d), below. The Retiree will be credited with all Employer contributions accrued by him during the suspension period.
- (d) **Offset Rules.** If payment of monthly retirement benefits have been resumed in accordance with subsection (c), above, the Trustees shall withhold an amount up to 100% of the total normal retirement benefit payment payable in the month payment of benefits is resumed, and not more than 25% of the amount due in each subsequent calendar month, until the Pension Fund has been repaid all payments previously made to the Retiree or Participant during those calendar months during which the Retiree or Participant was employed as defined in subsection (a), above.
- (e) **Notification.** The Trustees shall cause a written notice to be served on the Retiree or Participant by personal delivery or certified mail during the first calendar month in which the Trustees withhold his monthly retirement benefit. The notice shall include a complete copy of this Section and a copy of a form to be used by the Retiree or Participant to notify the Trustees when he has discontinued such employment or

reemployment. Such notice shall contain all information required by the Department of Labor Regulations Paragraph 2530.203-3(b)(4).

**(f) Verification and Determination of Status.**

- (i) Every Retiree who has retired and is receiving early retirement benefits and every Participant who would be eligible to receive early retirement benefits but for his reemployment or continued employment who engages in any employment as described in subsection (a), above, shall promptly notify the Trustees of such employment or reemployment and shall provide the Trustees and their agents with all reasonable information and assistance for the purpose of verifying such employment.
- (ii) Every Retiree or Participant who engages in employment as described in Subparagraph (a) above shall promptly notify the Trustees of such employment or reemployment and shall provide the Trustees and their agents with all reasonable information and assistance for the purpose of verifying such employment.
- (iii) It shall be a condition to the right of the Retiree or Participant to receive future monthly retirement benefit payments that the Retiree or Participant shall, at such time as may be requested by the Trustees, certify in writing that he is unemployed or provide factual information to the Trustees sufficient to establish that any employment in which he is engaged is not the type of employment defined in Subparagraph (b), above. The Trustees shall provide the Retiree or Participant with the necessary forms for such certification.
- (iv) The Trustees shall, within 60 days after receipt of a written request together with sufficient information from any Retiree or Participant, provide the Retiree or Participant with a written determination as to whether or not any contemplated employment or reemployment by the Retiree or Participant will result in a suspension of monthly retirement benefits. The Trustees shall have discretionary authority to suspend the provision of this Section where manpower shortages would not affect the accrual of benefits by active Participants.
- (v) All determinations by the Trustees relating to the suspension of benefits or the determination of benefits of the character of any contemplated employment or reemployment shall be considered in accordance with the claims procedure adopted by the Trustees pursuant to Section 503 of ERISA and applicable regulations.

**(g) Presumptions.**

- (i) If the Trustees have given written notice to the Retiree or Participant of the suspension of benefits and the Retiree or Participant has not complied with the verification requirements contained in subsection (f), above, the Trustees may, unless it is unreasonable to do so, act on the basis of the rebuttable presumption that the Retiree or Participant has worked more than 40 hours.
- (ii) If the Trustees become aware that a Pensioner or Participant is reemployed as defined in subsection (a), above, at a construction site and the Pensioner or Participant has not complied with the verification

requirements set forth in subsection (f) with regard to that employment, then the Trustees may, unless it is unreasonable under the circumstances to do so, act on the basis of a rebuttal presumption that the Pensioner or Participant engaged in such employment for the same Employer in work at that site for so long before the work in question as that same Employer performed that work at that construction site.

- (iii) The verification requirements set forth in subsection (f) and the nature and the effect of these presumptions shall be set forth in the Summary Plan Description and in any communication to Participants and Retirees which relate to such verification requirements, and shall be furnished to all Retirees at least once every 12 calendar months.
- (h)** Waiver. The Trustees, in their sole discretion, may waive the application of this suspension-of-benefits rule when there is sufficient employment in the industry so as to not adversely affect the funding base of the Plan and where the Retiree provides the Trustees with prior written notice of his intention to return to Covered Employment. Although such waivers shall be granted in a nondiscriminatory manner, no individual waiver shall be construed as applicable to all Retirees in the same or similar circumstances. Each Retiree's request for a waiver shall be independently evaluated by the Trustees.