

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: _____ SSN OR MID: _____

ADDRESS: _____

EMAIL ADDRESS (IF AVAIL): _____ PHONE NUMBER: _____

NAME AND ADDRESS OF EMPLOYER: _____

TYPE OF WORK YOU ARE (WILL BE) DOING: CONSTRUCTION NON-CONSTRUCTION

TRADE OR CRAFT INVOLVED: _____

TYPE OF WORK INVOLVED: _____

LOCATION WHERE YOU ARE (OR WILL BE) WORKING: _____

DATE YOU BEGAN WORK (OR DATE YOU WILL BEGIN): _____

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: _____ WEEKS

CHECK HERE IF YOU DO NOT INTEND TO WORK OVER 39 HOURS IN ONE MONTH

LAST DATE OF WORK IF KNOWN AT THIS TIME: _____

DATE: _____ **SIGNATURE:** _____

PLEASE RETURN THIS FORM TO:
International Alliance of Theatrical Stage Employees
Local 22 Pension and Welfare Funds
6525 CENTURION DRIVE
LANSING, MI 48917-9275
(517) 321-7502 • FAX (517) 321-7508 • ARUIZ@TICMIDWEST.COM