

# 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