

CARPENTERS PENSION FUND OF ILLINOIS
P O BOX 791
GENEVA, IL 60134-0791
1-800-448-5825

ADVANCED DETERMINATION OF EFFECT OF EMPLOYMENT FORM

INSTRUCTIONS: Under your Pension Plan, a retiree may request an opinion before returning to work as to whether or not a pension benefit will be suspended upon returning to work.

Please Complete Each Item

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

JOB DUTIES: _____

Number of hours you will be working each month. (Check one)

Under 10

26-39 hours

11-25 hours

Over 40 hours

Participant's Signature: _____

Date: _____