

ELECTRICIANS' RETIREMENT FUND
50 CHARLES LINDBERGH BLVD., SUITE 207
UNIONDALE, NY 11553

Tel: (516) 740-5319

icd@dickinsongrp.com

Fax: (516) 740-5320

Affidavit

Under the rules of the Electrician's Retirement Fund, I understand that if I have attained Normal Retirement Age, my pension benefits are permanently suspended in any month in which I work 40 hours or more in Disqualifying Employment. Disqualifying Employment means works in the electrical industry, in the same trade or craft in which you worked while covered under the Plan and within the geographic area covered by this Plan at the time your benefits commenced or would have commenced but for your work in Disqualifying Employment.

In order to determine your eligibility for a pension benefit from the Fund, please provide the following information:

(LAST NAME)

(FIRST NAME)

(MIDDLE NAME)

(STREET ADDRESS)

(APT. #)

(CITY)

(STATE)

(ZIP)

SOCIAL SECURITY# _____ HOME PHONE # _____

Since the last date that you worked in employment covered by the Fund, please provide the following information for all work you preformed in the electrical industry (name of employer, address of employer, hours worked per month, job title, a summary of job functions)

(Under the Plan, if you do not provide the number of hours you worked per month, the Fund will presume that you worked 40 hours.)

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BY SIGNING THIS AFFIDAVIT, I SWEAR THAT ALL THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT. IF I MADE ANY FALSE STATEMENT HEREIN, I UNDERSTAND THAT I AM PERSONALLY LIABLE FOR ANY AND ALL BENEFITS DISTRIBUTED TO ME WHILE I AM INELIGIBLE. I UNDERSTAND THAT THE FUND HAS A RIGHT TO RECEIVE FULL REIMBURSEMENT FOR THESE AMOUNTS PAID TO ME, AS WELL AS ANY OTHER REMEDIES AVAILABLE TO THE FUND, TO THE FULLEST EXTENT OF THE LAW.

(SIGNATURE)

Subscribed and sworn to before me this _____ day of _____, 20_____

At _____

(CITY)

(STATE)

NOTARY SEAL

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____