

## **Eighth District Electrical Pension Fund**

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### **Affidavit Regarding Working Past Normal Retirement Age**

I am applying for a pension from the Eight District Electrical Pension Fund, and I understand that I am bound by the rules of the Pension Plan.

Article 9, Section 9.09 (b) and Section 9.10 (b) defines Prohibited Employment after Normal Retirement Age as follows:

1. A Participant who has attained Normal Retirement Age will have his/her benefits considered suspended even if he has not yet ceased to be employed and not yet commenced pension payments if the Participant works forty (40) or more hours a month for an employer who has not entered into an agreement with the Board providing for the making of Contributions to the Trust Fund in employment that is:
  - (a) In any industry in which Employees covered by the Plan were employed and accrued benefits under the Plan when the Participant's pension began, or would have begun but for his/her continued employment;
  - (b) In any occupation in which the Participant requires, directly or indirectly, the same skills used by the Participant at any time while he was employed under the Plan; and
  - (c) In the geographic area covered by the Plan when the Participant's pension began, or would have begun but for his/her continued employment

During this period of suspension, the Participant shall not be entitled to the actuarial increases described in Section 9.02 (a).

2. Notwithstanding subsection 9.09 (b) and 9.10 (b), if the Participant's continued employment is Covered Employment as defined in Section 1.12, the Participant will continue to earn Pension Credits in accordance with the terms of the Plan.

The rules in this Subsection do not apply to a Participant that has attained age seventy and one-half (70 ½).

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## **Delayed Retirement – Employment Certification Form**

I have read and understand the Plan rules regarding Prohibited Employment, and hereby certify the following:

I have not worked since I attained the Plan's Normal Retirement Age (the later of age 65 or the 5<sup>th</sup> anniversary of Plan participation).

I have worked since I attained the Plan's Normal Retirement Age (the later of age 65 or the 5<sup>th</sup> anniversary of Plan participation). List all employers you have worked for since turning age sixty-five (65), complete the information regarding your employment below, and provide Federal 1040's and W-2 from your employer(s) where applicable. (You may attach additional sheets with the following information if necessary). Your signature must be witnessed by a notary public.

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_ Job Title/Duties: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

**\*NOTE: You must provide a copy of your Federal 1040's and W-2's reported on line 7 for each Employer/period of employment listed above.**

**Participant Certification.** I hereby certify under penalty of perjury that the information I have provided on this form is true, correct and complete to the best of my knowledge. I understand that I am required to provide any information or proof that the Trustees reasonably require to determine my right to benefits under the Plan. I understand that a false statement may cause my benefits to be denied, suspended or discontinued. I understand that the Trustees have the right to recover any benefits payments made in reliance on any false or fraudulent statement, information or proof I have submitted regarding any claim for benefits under the Plan.

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Your Signature

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Your SSN

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Today's Date

Subscribed to and sworn to before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, \_\_\_\_\_ County  
State of \_\_\_\_\_  
My Commission expires \_\_\_\_\_

(Notary Seal)