

**APPLICATION FOR REINSTATEMENT TO RETIREMENT STATUS
AFTER RETURN TO WORK**

Name _____ SSN _____

- 1.) The undersigned Applicant confirms that he/she was in retirement status with the Plumbers and Pipefitters Local 219 Pension Plan and returned to work in the plumbing and pipefitting industry after retirement. As a result, the Applicant's monthly pension benefits were suspended. The Applicant now wishes to return to retirement status with the Pension Plan.
- 2.) The Applicant first began working after his/her retirement on the _____ day of _____, 20_____. The applicant began work with _____.
(Name of Company)
- 3.) On the _____ day of _____, 20_____, the Applicant ceased working for _____.
(Name of Company)
- 4.) The Applicant confirms and understands the he/she will not be eligible to receive benefits from the Pension Plan until the first day of the month following the month in which he/she last worked in the plumbing and pipefitting industry after his/her initial retirement.
- 5.) The Applicant also agrees that he/she will complete such other forms and documentation to reinstate his/her monthly pension benefit as required by the Plan's Administrative Manager.

Signature of Applicant

Date