Ohio Local No 1 Operative Plasterers'
and Cement Masons' Pension Fund
3660 Stutz Drive, Suite 101
Canfield, OH 44406
(330) 779-8886
www.ohcementmasonsbenefits.org

August 28, 2026

Re: Monthly Benefit Payments

Dear Participant:

One of our responsibilities for your retirement plan is to ensure that pension benefits are paid to the appropriate person. To do this, we periodically audit each pensioner's benefit payment and request confirmation that the pensioner is still living and eligible for benefits.

Please complete the form below and return with a copy of your photo ID. This form must be notarized. **If you fail to respond to this letter, your pension benefit may be suspended.**

If you have any questions, please call our office @330-779-8886.

I hereby certify that I am still alive and that I am the person receiving monthly pension benefits from the Ohio Local No. 1 Operative Plasterers' and Cement Masons' Pension Fund. Attached is my Photo ID.

_____ _____

Signature Date

Notary:

Before me, Notary Public in and for said county and State personally appeared

_____, who acknowledged the truth of the statement in the

forgoing affidavit on this _____ day of _____, 20_____,

Notary Public Signature_____

County and State_____

Commission Expires_____