

**INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA  
PENSION PLAN**

**PO BOX 1101  
TROY, MI 48099  
TELEPHONE: (410) 872-9500**

**STATEMENT OF APPLICATION RECEIPT**

(Married participants ONLY)

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), the Fund Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: \_\_\_\_\_

Your Signature: \_\_\_\_\_

(please return with your application)

