

**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)

