



Steubenville Electrical Welfare Fund
PO Box 364
Troy, MI 48099
(330) 779-8889
www.ibew246benefits.org

NOTIFICATION OF RETIREMENT OR PERMANENT & TOTAL DISABILITY

Please note that this form must be completed in its entirety and forward to the Fund Office at the above address.

Members Name: _____

Current Address: _____

Social Security Number: _____ Date of Birth: _____

Date of Retirement: _____ Company retiring from: _____

Date of Social Security Award for permanent disability: _____
(Member must attach a fully copy of the Social Security Award with this form)

Spouse's Name: _____ Date of Birth: _____

List Dependent Child/ren Name/s and Date of Birth:

Special Comments: _____

Member's Signature

Date