

**SERVICE EMPLOYEES 32BJ NORTH PENSION FUND
INFORMATION REQUEST FORM**

Name _____

Social Security Number _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

Union Book # _____ Date you expect to leave covered employment _____

Have you requested pension information before? Yes/No If yes, when? _____

List work periods with Local 32BJ (Formerly 32E) covered employers in order of most recent work first:

Employer	Address (Where you worked)	From	To	Status
		Mon/Yr	Mon/Yr	FT/PT

Please provide information on marital status:

Are you currently married? Yes / No Spouse Date of Birth _____

Full Name of Spouse _____

Disability Pension:

Disability Date (Must have Social Security Disability Award Letter) _____

Member's Signature:

Date:

For Fund Use Only:	CRM Ticket # _____
Request Received Date: _____	By _____