Labor Management Pension Fund

48 Stiles Lane • Pine Brook• NJ • 07058

Telephone No. (973) 299-6700

PENSION INQUIRY

INSTRUCTIONS

1. Read each question carefully.
2. PRINT all your answers in pen.
3. Be sure to answer all questions completely and accurately.
4. If you need more space, use a separate piece of paper and attach it to the Inquiry.
5. BE SURE TO SIGN AND DATE THE INQUIRY.

PERSONAL DATA

NAME (Last) (First) (Middle)	SOCIAL SECURITY NUMBER

ADDRESS (Street) (City)	(State) (Zip Code)

Date of Birth	Home Phone Number	Cell Phone Number, if applicable
Month / Day / Year	(Area Code)	(Area Code)

Your E-Mail Address, (if applicable)	Date You Retired or Plan To Retire	Last Day of Work In Covered Employment
	Month / Day / Year	Month / Day / Year

Name of your most recent employer:	Maiden Name (if Applicable)

EMPLOYMENT HISTORY

If you claim credit for employment prior to the January 1, 1963, the date the Pension Plan was established, please list ALL such employment below. Such claims should be accompanied by any available documentary evidence of such employment.

JOB CLASSIFICATION	NAME OF EMPLOYER	City & State	Dates of Employment	
			FROM Month/Year	TO Month/Year

[IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS]

Remarks

APPLICANT'S SIGNATURE_____ **DATE SIGNED**_____