

MASSACHUSETTS LABORERS' PENSION FUND

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RETIREMENT DECLARATION AFTER AGE 62

Name

Social Security No.

In retiring on a _____ Pension from the Massachusetts Laborers' Pension Fund, I declare that I will be bound by the Pension Plan rules and regulations and that:

1. I will refrain from employment or self-employment as a Laborer in any business which is or may be under the jurisdiction of a Participating Local Union or of the Laborers' International Union of North America, AFL-CIO, in Massachusetts, Maine, New Hampshire, Vermont, and parts of Connecticut and Rhode Island as noted in the suspension of benefits section of the Pension Plan. However, I understand that I am permitted to work in such capacity for not more than 39 hours in any given month.
2. I understand that if I work in violation of Item 1, my pension benefits will be suspended for any calendar month in which I am so employed.
3. I understand that if I take employment, I must notify the Board of Trustees in writing within 15 days of such employment regardless of whether or not the work is disqualifying under the Plan or without regard to the number of hours of work. If I fail to give such written notice within such 15 day period, the Trustees will presume that I had been engaged in such work for as long as the contractor has been and remains engaged at that job site and that my benefits may be suspended during that period.
4. I understand that I may request a ruling from the Trustees on whether a particular type of contemplated employment will be in violation of Item 1.

Date

Signature