

## RETURN TO WORK FORM

UNDER THE RULES OF THE PENSION PLAN, YOU HAVE NOTIFIED US THAT YOU HAVE RETURNED TO WORK. THE FOLLOWING INFORMATION IS NEEDED BY THE FUND TO PROCESS YOUR FILE UNDER THE RETURN TO WORK PROVISIONS:

### PLEASE COMPLETE IN FULL

NAME \_\_\_\_\_ SS# OR ID# \_\_\_\_\_

PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAMES AND ADDRESS OF EMPLOYER: \_\_\_\_\_

TYPE OF WORK YOU ARE (WILL BE) DOING: \_\_\_\_\_ CONSTRUCTION \_\_\_\_\_ NON-CONSTRUCTION

IF CONSTRUCTION- WORK – TRADE OF CRAFT INVOLVED: \_\_\_\_\_

IF NON-CONSTRUCTION – TYPE OF WORK INVOLVED: \_\_\_\_\_

LOCATION WHERE YOU ARE (OR WILL BE) WORKING: \_\_\_\_\_

DATE YOU BEGAN WORK (OR DATE YOU WILL BEGIN): \_\_\_\_\_

NUMBER OF WEEKS YOU EXPECT THIS WORK TO CONTINUE: \_\_\_\_\_ WEEKS.

\_\_\_\_\_ CHECK HERE IF YOU INTEND TO WORK OVER 39 HOURS IN ONE MONTH

\_\_\_\_\_ CHECK HERE IF YOU DO NOT INTEND TO WORK OVER 39 HOURS IN ONE MONTH

LAST DATE OF WORK EXPECTED (IF KNOWN): \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

PLEASE RETURN THIS FORM TO:  
CEMENT MASONS PENSION TRUST FUND DETROIT AND VICINITY  
30700 TELEGRAPH RD STE. 2400  
BINGHAM FARMS MI, 48025-4524  
(248) 645-6550