



DESERT STATES EMPLOYERS AND UNITED FOOD & COMMERCIAL WORKERS UNIONS PENSION PLAN

BENEFITS STATEMENT REQUEST FORM

(This is not an Application for Retirement Benefits)

Please provide me with a statement of my accrued benefits.

Signature _____

Date _____

PARTICIPANT MUST COMPLETE BOTH SIDES OF THIS FORM.

Name: _____ Male Female
 Last First Middle

Previous Name (if any): _____
 Last First Middle Date of Name Change

Home Address: _____
 Street City State Zip Code

Date of Birth: _____ Phone # () _____ S.S.#: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

EMPLOYMENT RECORD

(All Applicants Must Complete This Section Fully)

Employers	Store # and Address	Local Union #	Dates of Employment		Position Held (Cashier, Courtesy Clerk, Meatcutter)
			From (Mo/Yr)	To	

Promotion to Management: From _____ To: _____ Employer: _____

NOTE: If you have any breaks in service due to military service, be sure to furnish discharge papers showing both induction and discharge date.

THE PLAN ALLOWS PARTICIPANTS TO OBTAIN A STATEMENT OF ACCRUED BENEFITS ONCE PER CALENDAR YEAR.



REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____ Social Security Number _____
Other Name(s) Used _____ Date of Birth _____
(Include Maiden Name) (Mo/Day/Yr)

2. What kind of information do you need?

Detailed Earnings Information For the period(s)/year(s): _____
(If you check this block, tell us below why you need this information.)

Certified Total Earnings For Each Year. For the year(s): _____
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 A. \$ _____

Do you want us to certify the information? Yes No

If yes, enter \$15.00 B. \$ 0.00

ADD the amounts on lines A and B, and enter the TOTAL amount C. \$ _____

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
- DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here (Do not print) > _____ Date _____

Daytime Phone Number _____
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name Desert States Employers & United Food & Commercial Workers Union Address 2400 West Dunlap Avenue, Suite 250
City, State & Zip Code Phoenix, AZ 85021

6. Mail Completed Form(s) To: **Exception:** If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration Division of Earnings Record Operations P.O. Box 33003 Baltimore Maryland 21290-3003	Social Security Administration Division of Earnings Record Operations 300 N. Greene St. Baltimore Maryland 21290-0300
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