Phoenix Painting Industry Trust Funds

HEALTH AND WELFARE | ADMINISTRATIVE OFFICE | PENSION

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REQUEST FOR A STATEMENT OF ACCRUED BENEFITS

(*THIS IS NOT AN APPLICATION FOR RETIREMENT BENEFITS)*

NAME:_____ SSN: ____/____/____ DATE OF BIRTH:_____
LAST FIRST MIDDLE

HOME ADDRESS:_____
STREET OR PO BOX CITY STATE ZIP

SPOUSE'S NAME: _____ SPOUSE'S SSN:____/____/____ SPOUSE'S DATE OF BIRTH : _____

TELEPHONE NUMBER: (____)_____ MEMBERSHIP HISTORY IN AZ #86 FROM:_____ TO: _____

EMPLOYMENT HISTORY: PAST SERVICE CREDIT – SERVICE PRIOR TO DECEMBER 1, 1965 IN LOCAL UNION #86 COVERED BY THE COLLECTIVE BARGAINING AGREEMENT

FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____

EMPLOYMENT HISTORY: FUTURE SERVICE CREDIT – SERVICE AFTER DECEMBER 1, 1965
LIST BELOW ANY JOBS OR WORK OF THE TYPE COVERED BY THE COLLECTIVE BARGAINING AGREEMENT IN THE GEOGRAPHICAL TERRITORY OF THE PLAN, AFTER DECEMBER 1, 1965

FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____
FROM:_____ TO:_____ EMPLOYER:_____

RECIPROCITY DATE: LIST BELOW ANY PENSION PLAN OR UNION, OTHER THAN THIS PLAN, REGARDLESS OF LOCATION AND REGARDLESS OF THE UNION INVOLVED, IN WHICH YOU BELIEVE YOU MAY HAVE ACCUMULATED PENSION CREDITS

NAME OF PENSION PLAN:_____ LOCATION:_____ WORK YEAR _____
NAME OF PENSION PLAN:_____ LOCATION:_____ WORK YEAR _____
NAME OF PENSION PLAN:_____ LOCATION:_____ WORK YEAR _____
NAME OF PENSION PLAN:_____ LOCATION:_____ WORK YEAR _____

NOTE: IF YOU HAVE ANY BREAKS IN SERVICE DUE TO MILITARY SERVICE, PLEASE FURNISH DISCHARGE PAPERS SHOWING BOTH INDUCTION AND DISCHARGE DATES TO ENSURE PROPER CREDIT.

PLEASE PROVIDE ME WITH A STATEMENT OF MY ACCRUED BENEFITS.

SIGNATURE:_____ **DATE:** _____