

MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND
6525 CENTURION DRIVE
LANSING, MI 48917-9275
(517) 321-7502 • Fax (517) 321-7508
Toll Free (877) 244-WIRE

REQUEST FOR DETERMINATION OF ESTIMATED PENSION BENEFIT

Member's Name: _____

Social Security Number: _____

Home Address: _____

Present Local Union Number: _____

Date initiated into present Local Union: _____

Have you ever worked in the jurisdiction of another Local Union? Yes No

If yes, please identify the Local Union(s) as follows: (If insufficient space, please continue on back)

Local Union No. _____ Craft _____ City _____ Year(s) _____

Local Union No. _____ Craft _____ City _____ Year(s) _____

Date of Birth: _____

Spouse's name and date of birth (if living): _____

Have you ever been divorced? Yes How many times? _____ No

If Yes, request complete copies of papers from all divorces.

Are you "totally and permanently" disabled? Yes No

If Yes, what is your Date of Disability? _____

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you and your Local Union?

Was Request for Application mailed? Yes No

Date: _____ Prepared by: _____