



1199SEIU Home Care Employees Pension Fund

330 West 42nd Street • New York, NY 10036-6977 • www.1199SEIUBenefits.org • Tel (646) 473-8666
 Outside NYC Area Codes: (800) 892-2557 • Westchester & Upstate Counties: (877) 557-1199

The 1199SEIU Home Care Employees Pension Fund Agency Inquiry Form

Print Clearly in Ink

Name of Agency _____
 Name of Applicant _____
 Applicant's Social Security #: _____ - _____ - _____

ATTENTION: HUMAN RESOURCES DEPT:

The above named has applied for pension from the 1199SEIU Home Care Employees Pension Fund. In order to expedite the application for retirement, and in accordance with ERISA, we ask you to assist us by completing the following:

1. The employee's original date of hire: _____
Month - day - year

2. Last day worked _____ Termination date _____
Month - day - year Month - day - year

3a. Have there ever been any breaks in service? Yes No

b. If yes, please indicate reason for Break:

	From	To
<input type="checkbox"/> Maternity/Paternity Leave		
<input type="checkbox"/> Disability		
<input type="checkbox"/> FMLA Leave		
<input type="checkbox"/> Workers Comp.		
<input type="checkbox"/> Qualified Military Leave		
<input type="checkbox"/> State reason other than above:		

4. Please answer the following:
 a. Job Title on date of hire: _____
 b. Other job title(s) and date started: Job Title: _____ Date: _____

5.

Year	Total Earnings Earned	Year	Total Earnings Earned
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**6. Form completed by _____ Title _____
 Phone _____ Ext. _____ Fax _____

Your prompt cooperation will be appreciated. If there are any questions, please contact the Pension Fund.