



1199SEIU Health 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

Hospital Inquiry Form

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Applicant: _____

Applicant's Social Security Number: _____ - _____ - _____

Attention: Human Resources/Benefits

The above named has applied for a pension from the 1199SEIU Health 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. Have there ever been any breaks in service? Yes No

a. Indicate reason for break:

i. Maternity/paternity leave From _____ To _____

ii. Disability From _____ To _____

iii. FMLA leave From _____ To _____

iv. Workers' compensation From _____ To _____

v. Qualified military leave From _____ To _____

3. Has the employee participated in another plan? Yes No

a. Name of other pension plan: _____

4. Please answer the following:

a. Job title on date of hire: _____

b. Other job title(s) and date started: _____

c. Weekly salary on 1/1/1980: \$ _____

d. Hours worked per week on the above date (4c): _____

e. Total accumulated yearly salary excluding overtime and on call pay for (include shift differential):

Year	Year
_____ : \$ _____	_____ : \$ _____
_____ : \$ _____	_____ : \$ _____
_____ : \$ _____	_____ : \$ _____
_____ : \$ _____	_____ : \$ _____
_____ : \$ _____	_____ : \$ _____

Salaries include (please complete):

- Shift differential
- Paid benefits (sick time, vacation, personal, etc.)
- Overtime, but can't differentiate from system
- No overtime included

5. Last day worked: _____

a. Weekly salary on last day worked: \$ _____

b. Hourly rate on last day worked: \$ _____

c. Hours worked per week: _____

Form completed by: _____ Date completed: _____

Title: _____ Telephone: (_____) _____ - _____

Your prompt cooperation is appreciated.

Fax this form to (646) 473-8640.

Questions? Please contact the 1199SEIU Health Care Employees Pension Fund at (646) 473-8666.

For Office Use Only:

Stated date of retirement: _____

Date Sent: _____