

REQUEST FOR PENSION ESTIMATE

This is not an application for pension benefits, but is for the purpose of providing information only.

Please print clearly in blue or black ink. If completing online, please type in your information.

MEMBER'S FULL NAME (FIRST AND LAST NAME) DATE OF BIRTH (MM/DD/YYYY) MEMBER ID #

ADDRESS CITY STATE ZIP CODE

HOME PHONE WORK PHONE

CELL PHONE EMAIL ADDRESS

1199SEIU CONTRIBUTING EMPLOYER (INSTITUTION/FACILITY/AGENCY NAME) JOB TITLE

DATE YOU STARTED AT THIS JOB (MM/DD/YYYY) HOURS YOU WORK/WORKED PER WEEK CURRENT/LAST HOURLY RATE

IF YOU ARE PLANNING TO RETIRE, GIVE DATE (MM/DD/YYYY) IF YOU HAVE ALREADY LEFT YOUR JOB, GIVE DATE YOU LEFT (MM/DD/YYYY)

Have you had any breaks in service of more than one month at any time while working for a contributing employer? No Yes

If "Yes," fill in the information below:

FROM (MM/DD/YYYY) TO (MM/DD/YYYY) CONTRIBUTING EMPLOYER (INSTITUTION/FACILITY/AGENCY NAME)

FROM (MM/DD/YYYY) TO (MM/DD/YYYY) CONTRIBUTING EMPLOYER (INSTITUTION/FACILITY/AGENCY NAME)

Were you ever disabled while working for a contributing employer, and did you receive disability or workers' compensation benefits? No Yes

If "Yes," fill in the information below. (NOTE: Proof is required for Home Care members only, and should be submitted with this form.)

FROM (MM/DD/YYYY) TO (MM/DD/YYYY) CONTRIBUTING EMPLOYER (INSTITUTION/FACILITY/AGENCY NAME)

You may be eligible to receive pension credit if you have worked in other institutions/facilities/agencies in the New York metropolitan area. Indicate below your places of employment, dates of employment and job titles.

INSTITUTION/FACILITY/AGENCY NAME FROM (MM/DD/YYYY) TO (MM/DD/YYYY) JOB TITLE

INSTITUTION/FACILITY/AGENCY NAME FROM (MM/DD/YYYY) TO (MM/DD/YYYY) JOB TITLE

Have you ever held a non-bargaining position at your job? No Yes

If "Yes," fill in the information below:

FROM (MM/DD/YYYY) TO (MM/DD/YYYY) JOB TITLE

Were you ever covered by another pension plan in the non-bargaining position listed above? No Yes

If "Yes," fill in the information below:

FROM (MM/DD/YYYY) TO (MM/DD/YYYY) NAME OF PENSION PLAN

X MEMBER'S SIGNATURE DATE (MM/DD/YYYY)