

PENSION FUND HOME LOAN PROGRAM— REQUEST FOR PENSION LOAN 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 #
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ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE	WORK PHONE
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CELL PHONE	EMAIL ADDRESS
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1199SEIU CONTRIBUTING EMPLOYER (INSTITUTION/FACILITY NAME)	JOB TITLE
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DATE YOU STARTED AT THIS JOB (MM/DD/YYYY)	HOURS YOU WORK/WORKED PER WEEK	CURRENT/LAST HOURLY RATE
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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)
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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 periods of the break in service below:

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

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	CONTRIBUTING EMPLOYER (INSTITUTION/FACILITY NAME)
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You may be eligible to receive pension credit if you have worked in other healthcare industries/facilities in the New York metropolitan area. Indicate below your places of employment, dates of employment and job titles.

INSTITUTION/FACILITY NAME	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	JOB TITLE
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INSTITUTION/FACILITY NAME	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	JOB TITLE
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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
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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
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X MEMBER'S SIGNATURE	DATE (MM/DD/YYYY)
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