



UFCW Unions and Food Employers Pension Plan of Central Ohio

First Floor,
4150 E. MAIN STREET

COLUMBUS, OHIO 43213-2962

FAX (614) 338-0222
PHONE (614) 237-7422

Soc. Sec. # _____

Pension Award # _____

RE: NOTICE - CHANGE OF NAME, ADDRESS OR RETIREMENT STATUS

Dear Administrator:

You are hereby notified of the following:

_____ My name has been legally changed from _____ to _____
Enclosed is documentary confirmation.

_____ My mailing address has been changed from _____
to _____.

_____ I intend to return to Employment with a Participating Employer under the Plan
on or about _____.

_____ I am receiving a Disability Pension and :

_____ My Disability Insurance Benefit from Social Security will be or has been
terminated, effective _____.

_____ I intend to engage in a regular remunerative occupation or employment
(prior to my Normal Retirement Date) on or about _____.

In my opinion, this employment (is) (is not) primarily rehabilitative.

NEW TELEPHONE # _____

SIGNATURE: _____

Date _____

ADMINISTRATIVE OFFICE USE ONLY

Recorded by: _____

Date _____

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Revised 8/99