



Central Ohio UFCW Unions and Retail Employees
Pension Plan

First Floor,
4150 E. MAIN STREET

COLUMBUS, OHIO 43213-2962

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

Soc. Sec. # _____

Pension Award # _____

RE: NOTICE 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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