



Annual Employment Questionnaire

April 2010

The Trustees need to determine if any retirees are working in **Plan-related employment**. To assist us in this responsibility, you must provide the following information and return this form in the self-addressed envelope provided.

Also, enclosed is a notice regarding the suspension of benefit rules which describes **Plan-related employment** and the effect on benefits if you are performing such work.

Social Security Number

*Please note that you must complete this form, even if you did not work during the last year. Future benefit payments will not be issued until this form is returned with all the information required. If your benefits are paid by direct deposit, you must return this form by **APRIL 15th** to receive uninterrupted direct deposits.*

1. Did you do any work, Plan-related or not, at any time from January 2009 through December 2009? YES NO
2. Was any of this work done in Wisconsin? YES NO

If your answer to # 1 or # 2 is **NO**, simply **SIGN and DATE** this form below and return.
If your answers to # 1 and # 2 are **YES**, continue on with the following items.

3. Describe the work you did during this period: _____
4. Were you able to do this job as a result of the skills you learned while in the construction trades? YES NO
5. List the months and hours worked, as well as the name and address of your employer(s).
If you retired between January 2009 and December 2009, list only the hours worked since your retirement.

(Note: If you were self-employed, name yourself as the employer.)

| <u>Month</u> | <u>Year</u> | <u>Hours</u> | <u>Employer</u> |
|--------------|-------------|--------------|-----------------|
| January | 2009 | _____ | _____ |
| February | 2009 | _____ | _____ |
| March | 2009 | _____ | _____ |
| April | 2009 | _____ | _____ |
| May | 2009 | _____ | _____ |
| June | 2009 | _____ | _____ |
| July | 2009 | _____ | _____ |
| August | 2009 | _____ | _____ |
| September | 2009 | _____ | _____ |
| October | 2009 | _____ | _____ |
| November | 2009 | _____ | _____ |
| December | 2009 | _____ | _____ |

I understand my answers and information provided will assist the Trustees in determining my eligibility for continued benefits.
I certify that my answers and other information furnished are true and accurate to the best of my knowledge.

Please return this form to the Pension Fund Office in the enclosed postage-paid envelope

Your Signature: _____ **Date signed:** _____

Thank you for your cooperation. We hope you are enjoying your retirement.

The Building Trades United Pension Trust Fund

P.O. Box 530 ♦ 500 Elm Grove Road, Room 300 ♦ Elm Grove, Wisconsin 53122-0530
(262) 784-7880 (800) 433-8570 FAX (262) 784-8598

www.thepensionfund.com