

Michigan Laborers' Pension Fund

6452 Millennium Dr, Ste 100, Lansing, MI 48917-7881 • PO Box 211133, Eagan, MN 55121
Phone: 1 (877) 645-2267 (MI-LABOR) • Fax: (517) 689-6016 • Website: www.milaborersfunds.com

Administered by
Welfare & Pension Administration Service, Inc.

Pension Inquiry

Print or type the following information

Participant's Last Name	Participant's First Name	Participant's Middle Name
Social Security No.	Birth Date (mm/dd/yyyy)	Home Phone No.
Mobile Phone No.	Email Address	
Home Address		
City	State	Zip Code

If you are currently married, please enter your spouse's information below.

Spouse's Last Name	Spouse's First Name	Middle Initial
Spouse's Social Security No.	Spouse's Birth Date (mm/dd/yyyy)	

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry below.

Local Union	City and State	Dates of Membership			
		From (month/year)		To(month/year)	

I request the following information:

- ☐ Estimate of benefits utilizing current information
- Specify estimated date(s) of Retirement _____
- or
- Specify estimated age(s) of Retirement _____
- ☐ Include Spouse Options
- ☐ A Retirement Request for Application. I plan on retiring on _____
- ☐ Other _____

Complete and sign the second page of this form.

Pension Inquiry
(continued)

Employer Work History

If you would like a work hours history report with the Fund, please provide the following information:

Start date of employment with this Fund: _____

Time period of work history needed (i.e. last 5 years): _____

The reason for my request: _____

Forms and Plan Booklet

Please note that these forms and others are available on the website at www.milaborersfunds.com

Send me the following documents (*check boxes below*):

<input type="checkbox"/>	Beneficiary Designation Form
<input type="checkbox"/>	Change of Address Form
<input type="checkbox"/>	Enrollment/Beneficiary Form
<input type="checkbox"/>	Other: (Please specify)
<input type="checkbox"/>	Summary Plan Description
<input type="checkbox"/>	Request for Application for Retirement

Other Inquires

Please specify any other inquiries or questions you may have regarding the Pension Plan below.

Method of Delivery

Please specify how you wish this information to be delivered to your attention. Recent Work histories for employment can be emailed to you.

☐ Mail

☐ Email _____

Member's Signature

Date

Complete, sign and return this form to the Fund Office at:

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Lansing, MI 48917-7881