

# Michigan Laborers' Pension Fund

6452 Millennium Dr, Ste 100, Lansing, MI 48917-7881  
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Administered by  
Welfare & Pension Administration Service, Inc.

## Return To Work Form

Under the rules of the Pension Plan, we have been notified that you have or intend to return to work. The following information is needed by the fund to process your file under the Return-To-Work provisions.

Please complete in full

Name: \_\_\_\_\_ SS# or ID# \_\_\_\_\_

Request to:

- ☐ Temporarily suspend my Pension Benefits (You will be responsible to contact the fund office to restart your Pension Benefits.)
- ☐ Return to work and collect my Pension Benefits (your request will be presented to the Board of Trustees at the next regularly scheduled, quarterly Meeting)

Mailing Address:			
Street	City	State	Zip
Phone Number:		Email Address:	
Name of New Employer:		Phone Number:	
Employer Mailing Address:			
Street	City	State	Zip

Type of Work You'll be Doing: ☐ Construction ☐ Non-Construction

Complete Description of Job Responsibilities:

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Location You Will be Working: \_\_\_\_\_

Date you began or will begin work: \_\_\_\_\_

Additional information: (If Applicable)

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Number of hours you are or will be working each week: (Check only one)

☐ 0-9 Hours

☐ 10-19 Hours

☐ 20-39 Hours

☐ More than 39 hours

Number of weeks you expect this work to continue:

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Last date of work if known at this time:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_