

**Food Employers Labor Relations Association  
and United Food & Commercial Workers  
Pension Fund**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (301) 459-3020  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

October 15, 2018

Dear Participant:

Please complete the form as accurately as possible and return it to our office.

Upon receipt of this form, we will process the information. (It generally takes six to eight weeks for us to complete our research). We will respond to you in writing. Once you receive our response, we will be happy to answer any questions you may have.

If you also request a Severance estimate, please note: If you are eligible for a severance benefit, you will receive that estimate approximately four to six weeks after you receive your pension estimate. If you are not eligible, you will be advised of that fact.

Sincerely,

Fund Office  
Pension Department

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**BENEFIT SERVICE REQUEST FORM**

**Please Print**

Name \_\_\_\_\_ Male  Female  Soc. Sec. No. \_\_\_\_\_

Maiden Name or Name by any other marriage(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ Email \_\_\_\_\_

Company/Location \_\_\_\_\_ Current Job Class \_\_\_\_\_

(If more than one job classification, please list with dates on the reverse of this form.)

Hire Date \_\_\_\_\_ Local Union No. \_\_\_\_\_

Are you still employed at this company? Yes No If No, Last Date Worked \_\_\_\_\_

I am requesting (circle one or both):      Severance Estimate      Pension Estimate w/years of Credited Service

*Note: Requesting this information does not guarantee that a benefit is available.*

**(Estimates will be provided upon request once per year)**

Have you ever received an estimate before? (Circle one)      YES      NO

(1) Month and year of full time employment? \_\_\_\_\_ Part time? \_\_\_\_\_

(2) Dates of prolonged sick leave (3 weeks or more) during your career? \_\_\_\_\_

(3) Dates you collected Workers Compensation during your career? \_\_\_\_\_

(4) Dates of breaks in service due to military leave? \_\_\_\_\_

(5) Dates you were in management (or other service outside the bargaining unit)? \_\_\_\_\_

(6) Previous employers in the FELRA & UFCW Pension Fund:

| Company/Location | Mo/Yr Hired | Mo/Yr Terminated | Full/Part Time | Local | Job Classification |
|------------------|-------------|------------------|----------------|-------|--------------------|
| _____            | _____       | _____            | _____          | _____ | _____              |
| _____            | _____       | _____            | _____          | _____ | _____              |
| _____            | _____       | _____            | _____          | _____ | _____              |

I hereby authorize any of the above listed employers to release my employment history to the office of the Plan Administrator of the FELRA & UFCW Pension Fund.

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

**Office Use Only**

CP Filed \_\_\_\_\_ ER Sent \_\_\_\_\_