

**Milk Drivers and Dairy Employees Local Union No. 246
of Washington, D.C.
Pension Fund**

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Sparks, Maryland 21152-9451
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Landover, Maryland 20785-2361
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Benefit Service Request Form

Name _____ Soc. Sec. No. _____

Maiden Name or Name by any other marriage(s) _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Local Number _____

Company _____ Current Job Class _____

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

Hire Date _____ Birth Date _____

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

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 Milk Drivers and Dairy Employees Local Union No. 246 of Washington, D.C. 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 Milk Drivers and Dairy Employees Local Union No. 246 of Washington, D.C. Pension Fund:

Signature _____ Date _____

Office Use Only

CP Filed _____ ER Sent _____