

Mid-Atlantic UFCW and Participating Employers Pension Fund

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

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
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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 _____