

Maryland Race Track Employees Pension Fund

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

Dear Participant

Please complete the form on the reverse side of this letter as accurately as possible and return it to the Fund Office. A return envelope has been included for your convenience.

Upon receipt of this form we will process the information and send a response to you by mail. Once you receive this letter we will be happy to discuss anything you may question in reference to our findings of your records.

Please note that the process may take two or three weeks pending on information that must be given to this office to complete your record accurately.

Thank you for your cooperation in this matter.

Sincerely,

Pension Department

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Benefit Service Request Form

1. Name: _____
First Middle Initial Last

2. Other Names you have used (including a maiden name): _____

3. Social Security Number: _____ 4. Date of Birth: _____

5. Street or Post Office Box Number: _____

City/State: _____ Zip Code: _____

6. Telephone Number: _____ Cell Phone Number: _____

7. Date of Hire: _____

8. Are you currently working at the Race Tracks? Yes No

9. If the answer to number 8 is no, when did you terminate your employment with the Race Tracks?

10. Are you thinking about retiring? Yes No

11. If the answer to number 10 is yes, when is your last day of work with the tracks? _____

12. Which Track(s) are you employed with?

Pimlico

Laurel

Bowie

Off Track Betting

Timonium

13. If you have any questions, please write on the space below:
