

**Participant's Social Security Number**

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**Mail to:** National Electrical Benefit Fund  
2400 Research Blvd Suite 500  
Rockville MD 20850-3266

**or Fax to:** (301)869-4322

**Participant's Name:** \_\_\_\_\_

**The NEBF started in 1946. Since 19\_\_\_\_, my employers listed below, contributed 1% - 3% to the Fund.**

*If you were a sole proprietor, partner or corporate officer provide the name and address of your firm.*

<b>Work History Inquiry</b>			
Year	Employer Name	Local Union#	Job Classification (Journeyman, Superintendent, Estimator, Sole proprietor, Partner, Corporate Officer etc.)
1947			
1948			
1949			
1950			
1951			
1952			
1953			
1954			
1955			
1956			
1957			
1958			
1959			
1960			
1961			
1962			
1963			
1964			
1965			
1966			
1967			
1968			
1969			
1970			
1971			
1972			
1973			
1974			
1975			
1976			
1977			
1978			

## Work History Inquiry cont'd

Year	Employer Name	Local Union#	Job Classification (Journeyman, Superintendent, Estimator, Sole proprietor, Partner, Corporate Officer etc.)	Approximate hours worked
1979				
1980				
1981				
1982				
1983				
1984				
1985				
1986				
1987				
1988				
1989				
1990				
1991				
1992				
1993				
1994				
1995				
1996				
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1998				
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2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				