

# PENSIONERS STATUS FORM

## National Electrical Benefit Fund

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please mail completed form to:

NEBF  
2400 Research Blvd Suite 500  
Rockville, MD 20850

(Please do not fax or email)

1  
Last 4 Digits of SSN

XXX - XX - \_\_\_\_\_

2A  
Recipient  
Information

\_\_\_\_\_

Recipient Name

I declare that, to the best of my knowledge, the information on this form is true and complete.

\_\_\_\_\_

Recipient Signature

Are you currently receiving a Disability Benefit from Social Security?

Yes  No

How many hours per month are you currently working?

None  1-39  40 or more

Are you currently?

Married  Widowed  Divorced

2B  
Deceased  
Recipient

□□ / □□ / □□□□

Date of Death

Note: Attach Death Certificate

Signature

\_\_\_\_\_

Fill appropriate circle  Spouse  Other

3  
Notary  
Information

In the state of \_\_\_\_\_ in the county of \_\_\_\_\_ on this \_\_\_\_\_ day  
of \_\_\_\_\_ in the year of \_\_\_\_\_ before me personally appeared

\_\_\_\_\_

known to me (or satisfactorily proven) to be the person who is named on this form, whose name is subscribed to within the above signature box and who acknowledged that he/she executed the same for the purpose therein contained. In witness hereof I hereunto set my hand and official seal.

\_\_\_\_\_

Notary Signature

\_\_\_\_\_

Notary Name

My commission expires:

□□ / □□ / □□□□

(Seal, Stamp or Certificate required)