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 NEBF Use	Recipient ID: Participant ID:
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 0 Spouse 0 Other
3 Notary Information	In the state of ____ in the county of _____ on this _____day of _____ in the years 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)