

**ALASKA TEAMSTER-EMPLOYER PENSION TRUST
BENEFIT RESUMPTION NOTICE
FOLLOWING COVERED EMPLOYMENT**

Pensioner's Name	Social Security
Mailing Address	
Benefit Suspended Beginning (Month/Year)	Phone Number Email Address

STATEMENT OF PENSIONER

I hereby certify that my last day of covered employment was _____, 20____. I have not worked in suspendible employment for 40 hours or more in any one calendar month since that date.

Pensioner's Signature

Date

STATE OF _____)
_____ County or _____ Judicial District) ss:

THIS IS TO CERTIFY that on this _____ day of _____, 20____ the above individual, _____ personally appeared before me and executed the foregoing document as his/her free and voluntary act for the uses and purposes therein mentioned.

WITNESS my hand and official notary seal.

(Seal)

Notary Public in and for: _____
My Commission Expires: _____

If you wish to apply for your ***second retirement*** as a result of your re-employment, please check the box below and the Pension Trust office will send you an application. If your re-employment period began after August 31, 1999 or you retire more than twice, your benefits will not increase until you have attained age 65. **In the event there is a change in your marital status, you should provide adequate documentation for such changes.** If you have any additional questions regarding your re-employment, please contact the Trust Customer Service Office.

9 Please send me an application for my ***second retirement*** on which I may elect a different payment option. I further understand if I am only resuming my first retirement benefit, the above does not apply and I will resume benefits under the same form of payment elected on the first retirement.