

ANNUAL STATEMENT OF EMPLOYMENT BY PENSIONER
(Who is age 70½ or older)

If you have coverage in the Pensioners & Surviving Spouses Health Fund and you are over age 70 ½, you must complete, sign and return this form **no later than April 19, 2024.**

SECTION 1—PARTICIPANT INFORMATION

Participant Name _____ XXX-XX _____
Participant Social Security Number
(Provide only last four numbers)

Street Address _____

City, State, ZIP Code _____ Phone Number and/or Email Address _____

SECTION 2—PARTICIPANT CERTIFICATION

By signing in Section 3 below, I certify to the Board of Trustees under penalty of perjury that (check one):

I **HAVE NOT** engaged in any occupation or employment in 2023 or 2024 or, if applicable, I DID NOT engage in any employment after my retirement in 2023 or 2024.

I **HAVE** engaged in an occupation or employment in 2023 or 2024 or, if applicable, after my retirement date in 2023 or 2024, as listed on the attached “Employment Form”.

This certification is made with the understanding that this document will be relied upon by the Board of Trustees. I understand that I am required to advise the Fund Office immediately if I engage in any occupation or employment in the future.

SECTION 3—SIGNATURE

X _____
Signature of Participant

Date

EMPLOYMENT FORM

*Please complete this form if you engaged in ANY occupation or employment
in 2023 or 2024 after your retirement.*

Name of Pensioner: *(Please Print)*

Social Security Number:

	<p>XXX-XX- <i>(provide only last four numbers)</i></p>
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Name of Employer	Address and Location of Employment	Month/Year		Type of Work Performed
		Started	Ended	