IBEW LOCAL 683 PENSION FUND
6525 Centurion Drive
Lansing, MI 48917-9275
Telephone: (517) 321-7202 FAX: (517) 321-7508
Toll Free: (844) 683-0683

REQUEST FOR ESTIMATED PENSION BENEFITS

Employee's Name: _____

Social Security Number: _____

Home Address: _____
(Street)

_____
(City) (State) (ZIP)

Present Local Union Number: _____

Date initiated into the Present Local Union: _____

Have you ever worked in the jurisdiction of another Local Union? ☐ Yes ☐ No

If yes, please identify the Local Union(s) as follows:

Local Union No. _____Craft _____ City _____ Year(s) _____

Local Union No. _____Craft _____ City _____ Year(s) _____

(If insufficient space, please continue on the back of this form.)

Employee's Date of Birth: _____

Spouse's Name and Date of Birth (if living): _____

Have you ever been divorced? ☐ Yes _____ ☐ No
(Number of Times)

If Yes, request complete copies of papers from all divorces.

Are you totally and permanently disabled? ☐ Yes ☐ No

If Yes, what is your Date of Disability? _____

Having completed the above information, what type of information do you want the Fund Office to prepare and send to you and your Local Union?

_____

_____

Date: _____ Prepared by: _____