

Amalgamated Transit Union Local 1596 Pension Fund

Application for Reinstatement of Pension Credit

PLEASE PRINT OR TYPE:

1) Name of Applicant: _____, _____, _____
(Last) (First) (Middle)

Social Security Number: _____

Date of Birth: _____
(Attach birth certificate or other proof)

Home Phone Number (____) _____ Cell Phone Number (____) _____

Home Address: _____
(Street Address)

(City) (State) (Zip)

2. I would like to reimburse the ATU Local 1596 Pension Plan for contributions in accordance with § 7.01 of the pension plan, in order to restore my years of service for which I previously received a refund of contributions:

from _____ to _____
(Month/Day/Year) (Month/Day/Year)

3. a. Date of hire: _____

b. Position in the Department: _____

c. Period of employment in Bargaining Unit: _____

d. Period of employment outside of Bargaining Unit:

from _____ to _____
(Month/Day/Year) (Month/Day/Year)

e. I was re-employed in a Bargaining Unit position on: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

Signature of Applicant (Requires Notarization below) Date

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, _____.

Notary Public

My Commission Expires: _____

My Commission Number Is: _____

