

POST-AGE 65 LIFETIME EXEMPTION
FORM Page 1 of 2

You may qualify for the Post-Age 65 Lifetime Exemption to the Reemployment Rules if 1) you received 12 consecutive months of retirement pension benefits and 2) during those 12 consecutive months you did not engage in Restricted Reemployment and 3) at the the end of the 12 consecutive month period you were at least 65 years old. To request approval for the exemption please, complete, sign and return this form.

NAME: _____

SSN:

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Since receiving retirement benefits from Central States Pension Fund, have you worked?

Yes **No**

If **yes**, answer questions on page 2 of this **Post-Age 65 Lifetime Exemption Form**

This is to certify that the information provided is correct to the best of my knowledge and belief. The Fund is hereby authorized to contact my employer(s) and the Social Security Administration to obtain verification of the information furnished or additional information, if necessary.

Signature

Date

Phone Number

Email Address

If you are moving, please remember to advise the Fund of your new mailing address.

THIS FORM MUST BE RETURNED AS DIRECTED BELOW.

UPLOAD



Message Center at
MyCentralStates
Pension.org

MAIL



Central States Pension Fund
PO Box 5109
Des Plaines IL 60017-5109

FAX



847-518-9752

CALL



Questions?
800-323-5000

POST-AGE 65 LIFETIME EXEMPTION FORM**Page 2 of 2**

COMPLETE THIS PAGE IF YOU HAVE WORKED SINCE RETIREMENT
LIST ALL YOUR EMPLOYMENT AFTER RETIREMENT STARTING WITH YOUR MOST RECENT EMPLOYMENT
(ADD EXTRA PAGES IF NEEDED)

NAME: _____

SSN: _____

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Employer #1

Employer Name: _____ Phone No: _____

Employer address: _____

Business or industry: _____

Are you working under a Teamster labor agreement? Yes No Local # _____

Job Title: _____

Hire Date: _____ Termination Date: _____ Still employed? Yes No

Describe type of work performed: _____

Number of hours worked per month: _____

Was health insurance coverage available to you? Yes No **Employer #2**

Employer Name: _____ Phone No: _____

Employer address: _____

Business or industry: _____

Are you working under a Teamster labor agreement? Yes No Local # _____

Job Title: _____

Hire Date: _____ Termination Date: _____ Still employed? Yes No

Describe type of work performed: _____

Number of hours worked per month: _____

Was health insurance coverage available to you? Yes No