Pension Fund for Hospital & Health Care Employees

PHILADELPHIA & VICINITY

1319 Locust Street • Philadelphia, PA 19107 • (215) 735-5720

PENSION ESTIMATE REQUEST FORM

THIS IS ***NOT*** AN **"APPLICATION FOR PENSION BENEFITS."**
IT IS FOR THE PURPOSE OF PROVIDING **INFORMATION** ONLY.

Name of Member _____ S.S. # _____
First *Middle* *Last*

Male ☐ Female ☐ Marital Status: Married ☐ Single ☐ Divorced ☐ Other ☐

Present Age _____ Date of Birth _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

_____ Job Title _____ Date of Hire _____
Current 1199C Employer or Previous

_____ Hours Worked Per Week _____ ☐ Full Time ☐ Part Time
Address *(check one)*

_____ Gross **WEEKLY** Salary _____

If planning to Retire, give date: _____

If you are going to leave your job for any reason, **BUT NOT RETIRE,** give date you expect to leave: _____

If you have already left your job, indicate last date of work: _____

Since you started to work at the above institution, have you had any breaks in service of more than **ONE MONTH** at any time? If so, list below:

I did not work from: _____ to _____

Reason: _____

I did not work from: _____ to _____

Reason: _____

(Example: Disability, Workers Comp., Military Leave, School, Maternity, etc.)

You may receive credit toward your Pension if you have worked in other institutions in a job covered by the **PENSION FUND FOR HOSPITAL AND HEALTH CARE EMPLOYEES.** List these institutions below, if applicable. If more space is needed please write on back of form.

(1) Name of Institution: _____

Job Title: _____ Hours Worked Per Week _____

Dates of Employment: From _____ To _____ Full Time ☐ Part Time ☐ Gross Weekly Salary: _____

(2) Name of Institution: _____

Job Title: _____ Hours Worked Per Week _____

Dates of Employment: From _____ To _____ Full Time ☐ Part Time ☐ Gross Weekly Salary: _____

Have you ever worked in a non-bargaining position on your job? _____ If yes, give dates: From _____ To _____

Job Title _____ . Were you ever covered by another Pension Plan on the above job? _____

If yes, give name of Plan: _____

Dates Covered: From _____ To _____ Job Title: _____

Comments: _____

Member Signature: _____ Date: _____

NOTE: FORM MUST BE FULLY COMPLETED. Each question must be answered, or form will be returned for completion.

PLEASE NOTE THAT THIS IS NOT AN APPLICATION FOR PENSION BENEFITS.
If you plan to retire you must contact the Pension Office for an official application (215-735-5720).