

Name: _____ SS#: _____
 Address: _____ D.O.B: _____
 _____ Telephone: _____

LIST INFORMATION REQUESTED FOR ALL EMPLOYERS COVERED UNDER A COLLECTIVE BARGAINING AGREEMENT. IF, FOR ANY PERIOD, YOU WERE NOT WORKING UNDER A COLLECTIVE BARGAINING AGREEMENT WITH THIS OR ANY OTHER I.B.T. LOCAL, PLEASE INDICATE THE DATES OF NON-COVERED EMPLOYMENT. **IF YOU ARE UNABLE TO GIVE ACCURATE DATES, PLEASE PROVIDE THE CLOSEST DATE RANGE POSSIBLE.**

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM/TO	LOCAL UNION # AT TIME OF EMPLOYMENT	OFFICE USE ONLY:	
	ADDRESS	CITY, STATE & ZIP			EFF. DATE	MEMBER EFF. DATE
TYPE OF WORK (BE SPECIFIC)						
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO THE PENSION FUND?						

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM/TO	LOCAL UNION # AT TIME OF EMPLOYMENT	OFFICE USE ONLY:	
	ADDRESS	CITY, STATE & ZIP			EFF. DATE	MEMBER EFF. DATE
TYPE OF WORK (BE SPECIFIC)						
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO THE PENSION FUND?						

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM/TO	LOCAL UNION # AT TIME OF EMPLOYMENT	OFFICE USE ONLY:	
	ADDRESS	CITY, STATE & ZIP			EFF. DATE	MEMBER EFF. DATE
TYPE OF WORK (BE SPECIFIC)						
REASON FOR LEAVING			COMPANY OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO THE PENSION FUND?						

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM/TO	LOCAL UNION # AT TIME OF EMPLOYMENT	OFFICE USE ONLY:	
	ADDRESS					
	CITY, STATE & ZIP					
TYPE OF WORK (BE SPECIFIC)						
REASON FOR LEAVING			COMPANY OUT OF BUSINESS?			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO THE PENSION FUND?						

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		PERIOD OF EMPLOYMENT FROM/TO	LOCAL UNION # AT TIME OF EMPLOYMENT	OFFICE USE ONLY:	
	ADDRESS					
	CITY, STATE & ZIP					
TYPE OF WORK (BE SPECIFIC)						
REASON FOR LEAVING			COMPANY OUT OF BUSINESS?			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
WORK COVERED BY TEAMSTER CONTRACT REQUIRING CONTRIBUTIONS TO THE PENSION FUND?						

IF YOU HAVE MORE HISTORY TO PROVIDE, PLEASE USE AN ADDITION SHEET OF PAPER AND ATTACH.

SIGNATURE

DATE