



Construction & Metal Trades Divisions

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PENSION FUND RETURN TO WORK STATEMENT

<u> </u>		
	Participant	
confirm that I returned to wor	k in the Industry o	
		Return to Work Date
forContracto		
Contracto	or	
Home Telephone	Mobile	E-mail
Participant's Address		
City, State, Zip Code		
Participant's Signature		Date

Please return the completed form to the Pension Department at the Fund Office.