



***PENSION FUND***  
**RETURN TO WORK STATEMENT**

I, \_\_\_\_\_  
Name of Participant

confirm that I returned to work in the Industry on \_\_\_\_\_  
Return to Work Date

for \_\_\_\_\_.  
Contractor

\_\_\_\_\_  
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.