

Western Metal Industry Pension Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124

Phone (206) 664-7300 or (800) 426-7132 • Fax (206) 695-0984 • Website: www.wmipension.org

Administered by
Welfare & Pension Administration Service, Inc.

REQUEST FOR PARTICIPATION STATUS REPORT

NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____ TEL. NO. _____
Street and Number City State Zip Code

SINGLE MARRIED DIVORCED WIDOWED LOCAL UNION NO. _____ BIRTHDATE _____

SPOUSE INFORMATION IF MARRIED _____
First Name Last Name Birth Date Social Security No.

A response will be sent within 30 days of the Trust Office's receipt of your request. This response will inform you of the number of years of credited service and accrued benefit you have earned. See your retirement plan booklet for rules on vesting and eligibility.

READ INSTRUCTIONS BEFORE LISTING EMPLOYERS

The Western Metal Industry Pension Fund is a multi-employer, multi-craft pension plan. Therefore, you should list all employers you worked for and indicate all local unions regardless of whether you believe they were covered under this plan. You must furnish at least approximate dates of employment with each employer. Your employment history will be verified from all available sources; however, the final burden of submitting proof shall rest on you.

List present employer first. Then list *all* employers in reverse order back to the first employer you had in the Western Metal Industry. Account for any periods of six months or more you were unemployed and state the reason. Also include any periods you worked for an employer under this plan in a non-bargaining unit capacity not covered by this plan. List your last employer before you think you entered this plan.

NAME OF EMPLOYER Position / Job Title	CITY	LOCAL UNION NUMBER (if any)	DATES OF EMPLOYMENT	
			FROM (Month, Year)	TO (Month, Year)
PRESENT EMPLOYER				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Enter below any service in the United States Armed Forces.

Branch of Service _____ From _____ To _____
Month Year Month Year

Signature _____ Date _____