



**Welfare, Pension and Annuity Funds of
Local No. One, I.A.T.S.E.**

320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

RETIREE WORK REPORT - AGE 60-64 & 11 Months

Please note that instructions for completing this form are on the reverse side or second page of this form.

Retiree Name Social Security Number

Date of Birth Age Phone Number

Month and Year Being Reported:

- I am age 60 to 64 and I have worked within the jurisdiction of Local No. One, IATSE **less than 5** days or shifts during the month.
- I am age 60 to 64 and I have worked within the jurisdiction of Local No. One, IATSE **5 or more** days or shifts during the month.
Enclosed is a check or refund of my Pension benefit.

Shift	Date	Start Time	End Time	Total Hours	Employer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I certify that the above is an accurate and complete report of the days or shifts that I have worked within the jurisdiction of Local No. One, IATSE while receiving a pension benefit. I understand that penalties may be imposed for misrepresentation.

Participant Signature: _____ Date:

Official Use Only

INSTRUCTIONS FOR COMPLETING THE WORK REPORT FORM

IMPORTANT: Complete and mail this form to the Pension Fund of Local No. One, IATSE within 7 days after the end of any month in which you worked within the jurisdiction of the Theatrical Protective Union, Local No. One, IATSE.

Complete Retiree Work Report as follows:

1. At the top of the form, please fill in your name, social security number, date of birth, age and phone number.
2. Check appropriate box and **fill in the month and year** that the work report covers.
3. In the chart, list each day or shift that you worked during the month. Indicate the start and stop times for the period worked, and the total number of hours worked during the day or shift. Please also include the name of the employer.
4. Please sign and date the form at the bottom, certifying the accuracy of the report. Keep a copy of the report for your personal records, and mail the original to the Pension Fund **within 7 days after the end of the month**.

Return to Work After Retirement is Permitted as follows for retirees age 60 to 64 and 11 months:

- A. You may work in the jurisdiction of Local No. One, IATSE up to 4 days or shifts per calendar month and retain your pension. Work for one employer during one day is counted as one day even if it includes several shows. Work starting on one day and terminating on a second day is counted as one day if one of the days has less than four hours; if both days are 4 hours or more, it is counted as 2 days. Work for 2 employers on one day is counted as 2 days.
- B. If you work in the jurisdiction of Local No. One, IATSE for 5 or more days or shifts in any calendar month, your pension benefit for that month will be permanently withheld. If you have been issued a pension check for that month, please return the check. If the pension check has been cashed, please make a refund by personal check or money order.
- C. If you work and/or are paid for non-work periods (e.g., vacation, sick leave, etc.), in the jurisdiction of Local No. One for 5 or more days or shifts in any calendar month, you lose your pension benefit for the month or months in which this occurs, plus an additional 6 months.
- D. You may, however, work outside of the jurisdiction of Local No. One without limit unless you are a Disability Retiree. (A Disability Retiree cannot work within OR outside the jurisdiction of Local No. One. However, during a bona fide effort to return to work, a Disability Retiree may work up to 9 months before pension benefits are terminated.)

If you have any questions regarding this work report form or the Pension Plan rules regarding the suspension of benefits, please refer to the Summary Plan Description ("SPD"), or call the Fund Office at (212)247-5225.