

UMWA HEALTH AND RETIREMENT FUNDS

Certificate of Retirement Non-Classified and/or Non-Signatory Service

Name of Applicant: _____

Mineworker SSN : _____

Name of Coal Company: _____

Dates of Employment: From _____ To _____

Job Title _____ () Non-classified () Non-signatory

Has the applicant received salary continuance? () Yes () No

If "Yes", please list dates of salary continuance: _____

List type of payments (Short Term or Long Term): _____

List dates of payments: From _____ To _____

Last date of Vacation Leave entitlement: _____

Last date of Pension Benefit Credit Accrual: _____

Has the Applicant been terminated as an Active Employee: () Yes () No

If "Yes", please list date of termination: _____

Is the applicant now receiving a Company Pension? () Yes () No

If "Yes", please list the effective date: _____

Certified by: _____

Title: _____

Telephone: _____

Date: _____



300103