

# UMWA HEALTH AND RETIREMENT FUNDS

## Certificate of Retirement Classified Signatory Service

Applicant Name: \_\_\_\_\_

Applicant SSN : \_\_\_\_\_

Date Applicant was hired: \_\_\_\_\_

Last day Applicant worked: \_\_\_\_\_

Last day for which Applicant was paid: \_\_\_\_\_

Indicate what the last day of pay was for:

- Hours worked                       Vacation  
 Holiday                                 Other (explain: \_\_\_\_\_)

Following is a chart on which dates have been written. Provide the requested information about the specified period.

From:	To:	Number of Hours worked in Classified jobs	Job Classification
	Last day worked		

Did the Applicant receive Sickness and Accident benefits during the 52 weeks after his last day worked?  Yes  No

If "Yes", when were they paid? From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

If "No", but was eligible for S&A except for offsetting award, list dates:

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Award: \_\_\_ Workers Compensation \_\_\_ SSDI

What was the average number of regularly scheduled work days during the weeks benefits were paid? \_\_\_\_\_ days per week

Company: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Mine Name/Number: \_\_\_\_\_ Local Union Number: \_\_\_\_\_

List the address to which the employer's copy of the pension approval letter is to be sent:

Company Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Was the miner laid off?  Yes  No

If yes, date of layoff \_\_\_\_\_.

If miner was laid off, did he refuse recall to the mine from which he was laid off?

Yes  No

Signature of Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Certifying Official: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



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