



UMWA HEALTH AND RETIREMENT FUNDS
Certificate of Retirement for Non-Signatory Service

Completed forms can be returned to the miner and/or faxed to the Eligibility Department at (202) 521-2353

Employee Name: _____ SSN: _____

Date of Birth: _____

Name of last coal industry employer: _____

Last Job Title: _____

Was this employment: ☐ Classified/Hourly ☐ Exempt/Salaried/Management

Dates of Employment: From _____ To _____

Note: Do not use the date this form is signed or the day after the employee's termination. For example, if the employee ceased employment on July 31st and became a retiree on August 1st, list July 31st as the last date of employment.

Last day worked: _____

In the final calendar month of employment, how many hours of service was the employee paid for the performance of duties? _____

Note: Do not include payment for non-work hours, such as vacation and sick pay.

Certified by: _____ Title: _____

Telephone: _____ Date: _____



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