

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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EARLY VESTED BENEFIT **ELECTION/REJECTION FORM**

PLEASE CHECK ONE

Due to my disability, I elect to receive my pension benefits early, beginning _____ . I understand that the amount payable to me will be actuarially reduced from the amount payable at my vested retirement date under the Pension Plan.

OR

I reject the early vested benefits and wish to keep the effective date as _____ , the first of the month following my 60th birthday which is my vested retirement date under the Pension Plan.

NOTE: Once you retire, your pension benefit remains the same for life. Your election cannot be changed.

Signature of Applicant

Date Signed

Social Security Number

Witnessed By