



**TEAMSTERS
JOINT COUNCIL
NO. 83
OF VIRGINIA**
HEALTH &
WELFARE AND
PENSION FUNDS

EMPLOYER CERTIFICATION OF EMPLOYMENT

IMPORTANT INFORMATION

- This verification is required for Teamsters Joint Council No. 83 Pension Plan administration and compliance with the terms of the Plan and applicable federal law. Submission of this form does not constitute a determination of eligibility. All determinations remain subject to review under the Plan document and governing law.
- Purpose: To confirm that employment performed by a Pension Plan retiree does not constitute disqualifying employment under the Plan.

Submit completed form to:

TJC83 Pension Fund
Attn: PENSION DEPT
8814 Fargo Rd, Ste. 200
Richmond, VA 23229
Fax: (804) 288-3530

EMPLOYER INFORMATION

Employer Name: _____ Business Type: _____

Address: _____

Phone: _____ Email: _____

EMPLOYMENT VERIFICATION

Employee Name: _____ Job Title: _____

Start Date: _____ End Date (if applicable): _____

Employment Type: Full-time Part-time Temporary

Location Work is Performed: _____

Average Hours Worked: Weekly _____ Monthly _____

Description of Duties Performed: _____

EMPLOYER CERTIFICATION

I certify that the information provided above is accurate and complete. I understand that this information will be relied upon by the Pension Fund in determining eligibility for pension benefits. The Fund may contact the undersigned for clarification if necessary.

Authorized Representative (print name): _____ Title: _____

Signature: _____ Date: _____