1199SEIU Home Care Employees Pension Fund
330 West 42nd Street • New York, NY 10036-6977 • www.1199SEIUBenefits.org • Tel (646) 473-8666
Outside NYC Area Codes: (800) 892-2557 • Westchester & Upstate Counties: (877) 557-1199

The 1199SEIU Home Care Employees Pension Fund
Agency Inquiry Form

Print Clearly in Ink

Name of Agency _____
Name of Applicant _____
Applicant's Social Security #: _____-_____- _____

ATTENTION: HUMAN RESOURCES DEPT:
The above named has applied for pension from the 1199SEIU Home Care Employees Pension Fund. In order to expedite the application for retirement, and in accordance with ERISA, we ask you to assist us by completing the following:

1.The employee's original date of hire: _____
Month - day - year

2. Last day worked _____ Termination date_____
Month - day – year Month - day – year

3a. Have there ever been any breaks in service? Yes ☐ No ☐
b. If yes, please indicate reason for Break:

		From	To
❑	Maternity/Paternity Leave		
❑	Disability		
❑	FMLA Leave		
❑	Workers Comp.		
❑	Qualified Military Leave		
❑	State reason other than above:		

4. Please answer the following:
   a. Job Title on date of hire: _____
   b. Other job title(s) and date started: Job Title: _____ Date:_____

5.

Year	Total Earnings Earned	Year	Total Earnings Earned
	$		$
	$		$
	$		$
	$		$

**6. Form completed by _____ Title _____

Phone _____ Ext. _____ Fax _____

Your prompt cooperation will be appreciated. If there are any questions, please contact the Pension Fund.