

TO: ILWU-PMA Pension Plan

FROM: Name \_\_\_\_\_ Local \_\_\_\_\_ Reg. No. \_\_\_\_\_

SUBJECT: ILWU-PMA Pension Plan Participant Status Report

Please review my status under provisions of the ILWU-PMA Pension Plan in relation to the following additional information:

- I request credit for additional hours because of an absence due to industrial illness or injury for which I received compensation. An LS-208 and/or Department of Labor Settlement (included on the LS-208 or submitted separately) is enclosed for the following payroll year(s):

\_\_\_\_\_  
**For Pension industrial disability credit: all LS-208s must be signed and dated by the Worker's Comp carrier. Department of Labor (8i) Settlements (listed on LS-208 and/or submitted separately) must be signed and dated by the approving Judge. Disability Credit is only applied to the registered years under the Pension Plan.**

- I request credit for additional hours which have already been granted to me by my Joint Port Labor Relations Committee (for payroll years beginning with 1973) for non-industrial disability absences (up to 200 hours per payroll year). JPLRC verification of hours granted to me is enclosed for the following payroll years:

\_\_\_\_\_  
**For Pension Plan non-industrial disability credit: The Pension Plan requires that a physician certify the disability from the beginning date(s) to the ending date(s) of your disability period(s). Doctors notes must be legible, signed and dated after the time requested for credit.**

- I request credit for additional hours for non-industrial disability illness or injury (up to 200 hours per payroll year).

\_\_\_\_\_  
**For Pension Plan non-industrial disability credit: The Pension Plan requires that a physician certify the disability from the beginning date(s) to the ending date(s) of your disability period(s). Doctors notes must be legible, signed and dated after the time requested for credit.**

- I request credit for a period of absence due to service in the United States Armed Services. Military Service papers showing dates of entry to and discharge from the military are enclosed for the following payroll year(s): \_\_\_\_\_.

**Other corrections requested:**

- Please recheck payroll year(s) \_\_\_\_\_.

I worked in the following ports during such years \_\_\_\_\_.

- My birthdate as shown on the Participant Status Report is incorrect. Verification of my correct birthdate (a copy of my birth certificate or Driver's License or Passport) is included.

- My Social Security number is incorrect. Verification of my correct Social Security number (a copy of Social Security Card) is included.

- Other (please specify) \*\*\* \_\_\_\_\_

\_\_\_\_\_

\*\*\* All name changes must be approved and submitted with signed JPLRC minutes

Mail, Fax or Email as follows:

**ILWU-PMA Pension Plan  
 1188 Franklin Street – Suite 101  
 San Francisco, CA 94109  
 Fax (415) 749-1321  
 Email: pension@benefitplans.org**