

**ATTACHMENT B-1: ANNUAL CERTIFICATION OF EMPLOYMENT  
STATUS**

**Check ONE:**

\_\_\_\_\_ **I am NOT employed** (*Complete Part B only*)

\_\_\_\_\_ **I am currently employed** (*Complete Parts A & B*)

\_\_\_\_\_ **I receive my spouse's pension from Division 1181** (*Complete Part B only*)

Original Pensioner's Name: \_\_\_\_\_

\_\_\_\_\_ **The Pensioner has recently passed away** (*Complete Part B only*)

Pensioner's Date of Death: \_\_\_\_\_

**PART A:**

(Do NOT complete Part A unless you are *currently employed*)

**Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Type of Employment:** \_\_\_\_\_

**Began** \_\_\_\_\_ **Ended:** \_\_\_\_\_

**Number of Hours Employed Per Month:** \_\_\_\_\_

**PART B:**

(Must be completed and signed by the Pensioner or person designated to represent the pensioner)

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ONLY if your name has changed and you did not notify the Pension Department, please indicate your original name on file.**

**Print Name:** \_\_\_\_\_