

**DIVISION 1181 A.T.U. – NEW YORK EMPLOYEES PENSION FUND  
20 NORTH CENTRAL AVENUE, VALLEY STREAM, NEW YORK 11580  
(718) 845-5800 FAX: (718) 845-0105**

Dec. 2018

Re: Annual Certification of Surviving Spouse's Records

Our records indicate that you receive a monthly spousal benefit from Division 1181 A.T.U.-New York Employees Pension Fund ("The Fund"). In previous years, the Fund had sent out an Annual Certification of Employment Status to the retiree population to confirm that retirees were not working in the Industry under Suspendable Employment, and to confirm that our records were up to date.

Being that you are collecting as a surviving spouse, it has come to our attention that your benefit is not affected by your employment status. However, the Fund relies on this correspondence to confirm that the information that we have on file is current and correct. Therefore, going forward you will be receiving the Annual Certification of Surviving Spouse's Records. We ask that you use this form as a way to confirm that you are still collecting your pension benefit, and that the Fund has your current, correct contact information. The importance of keeping the Fund's records up to date cannot be overstated. It is the only way the Trustees and the Fund can keep in touch with you regarding any changes and developments affecting your interests under the Plan. It is your obligation to keep the Fund Office informed of any changes, and you could lose benefits if you fail to do so.

We ask that you kindly complete the attached Annual Certification of Surviving Spouse's Records, and return it to the Pension Department by April 15<sup>th</sup>, 2019. Your pension benefit will be at risk of being suspended in the event that the Fund cannot locate you. If you do not return this form, the Trustees will presume that our records are out of date and/or you are deceased, and will suspend your benefit until you refute this presumption.

If you have any questions in this matter, contact the Pension Department.

Very truly yours,



ROBERT D'ULISSE

Director

RD:nb  
Enc.

**DIVISION 1181 A.T.U. – NEW YORK EMPLOYEES PENSION FUND**

**ANNUAL CERTIFICATION OF SURVIVING SPOUSE'S RECORDS**

**PART A:** (To be completed by the surviving spouse receiving a monthly pension benefit)

**Pensioner's Name:**  
(Surviving Spouse)

\_\_\_\_\_ [ ]  
Full Name (Print) Last 4 of SS#

**Address:**

\_\_\_\_\_ Apt. # (if applicable)  
Street Address  
\_\_\_\_\_  
City State Zip

**Phone #:**

\_\_\_\_\_ Cell #  
Home #

**Original Pensioner:**  
(Deceased Participant)

\_\_\_\_\_ [ ]  
Full Name (Print) Last 4 of SS#

**PART B:**

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Is the address you listed above a <b>NEW</b> address that you would like us to update?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently receiving your spouse's pension from <b>Division 1181</b> ?<br>If YES, disregard question 3, sign and date, and return to the Fund Office.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the surviving spouse who had been receiving benefits recently passed away?<br>If YES, please answer A-D below & return this form with a copy of the death certificate. | <input type="checkbox"/> | <input type="checkbox"/> |

a. **Date of Death:** \_\_\_\_\_

b. **Information provided by:** \_\_\_\_\_

c. **Relationship to Deceased:** \_\_\_\_\_

d. **Your phone #:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date