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: _____