

# MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND

Dear Employer:

Under the provisions of the Michigan Electrical Employees' Pension Fund, a participant may be given credit for vesting purposes toward a pension benefit if he/she was employed by an employer that had a Collective Bargaining Agreement with the Michigan Electrical Employees' Pension Fund and in a capacity that did not require contributions to be remitted to the Fund. This service is called Contiguous Service.

Employee Name \_\_\_\_\_

Social Security or ID # \_\_\_\_\_

The above mentioned employee has indicated that he was employed by your company in a capacity that did not require contributions to be remitted to the Fund. Please complete the following questions with regards to any period that the company was not required to make pension contributions on the above employee and return this form to the Fund Office at the address shown below, so that we may process his request.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Please complete the following information based on Plan Years. A Plan Year for the period of 1964 through 1994 begins September 1<sup>st</sup> and ends on the following August 31<sup>st</sup>. Beginning with 1995, the Plan Year is the calendar year January 1<sup>st</sup> through December 31<sup>st</sup>.

| PERIOD WORKED | HOURS WORKED | TYPE OF WORK PERFORMED |
|---------------|--------------|------------------------|
|               |              |                        |
|               |              |                        |
|               |              |                        |
|               |              |                        |
|               |              |                        |
|               |              |                        |

Did your company have a signed agreement with the Michigan Electrical Employees' Pension Fund during the above periods of work?    Yes                  No    If this agreement was only during a portion of the work period, please indicate the exact dates of the agreement: \_\_\_\_\_

Name of person completing form. \_\_\_\_\_

Position \_\_\_\_\_

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

Date \_\_\_\_\_

*THIS FORM SHOULD BE COMPLETED EVERY TWO YEARS FOR ANY EMPLOYEE THAT IS CURRENTLY IN YOUR EMPLOYMENT IN A CAPACITY THAT DOES NOT REQUIRE CONTRIBUTIONS TO BE MADE TO THIS FUND.*

Managed for the Trustees by: TIC INTERNATIONAL CORPORATION  
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