



# Iron Workers' Locals 15 and 424

## Pension, Extended Benefit, Annuity and Apprenticeship Training Funds

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## IRON WORKERS' LOCALS NO. 15 and 424 PENSION FUND

### BENEFIT RESUMPTION NOTICE

This is to certify that I, \_\_\_\_\_, stopped working in the iron working industry in the jurisdiction of either Local Union No. 15 or Local Union No. 424 on \_\_\_\_\_, and would like to request a resumption of my monthly benefits which were suspended under the rules of the Plan.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SSN)

\_\_\_\_\_  
(CURRENT ADDRESS)

**This notice should be completed, signed and returned to the Trustees of the Iron Workers' Locals No. 15 and 424 Pension Fund at the above address as soon as you stop working. Benefits will not resume until this completed form is returned.**