

Puget Sound Electrical Workers Trust Funds

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Administered by
Welfare and Pension Administration Service, Inc.

SERVICE QUESTIONNAIRE

This is not an Application for Retirement Benefits. Please print the following information:

NAME: _____ SOC. SEC. NO.: _____

PREVIOUS NAME: _____ DATE NAME CHANGED: _____

HOME ADDRESS: _____
Street City State Zip

DATE OF BIRTH: _____ GENDER: M F PHONE: _____

In order to have your Credited Service under the Puget Sound Electrical Workers Pension Trust Fund verified, you must complete this form showing all information requested.

UNION MEMBERSHIP HISTORY: List all of the Local Unions of which you have been a member and the periods of your membership.

Union Name & Local Number	City & State	From MM/YY	To MM/YY	Job Title & Classification*
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Date first worked as an Electrical employee: _____ Mo. _____ Yr.

EMPLOYMENT HISTORY: List all of your Employers and periods of employment in the Electrical Industry. BE SURE TO INCLUDE ANY TIME SPENT IN MILITARY, AS AN OWNER, OR OUT OF THE INDUSTRY.

Employer Name & City	Union Local	Approx Hrs Worked/Month	From MM/YY	To MM/YY	Job Title & Classification*
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*JOB CLASSIFICATION: Apprentice, Wireman, Marine, Sign, Supervisor, Estimator, Proprietor, Partner, Corporate Owner, Corporate Officer, etc.

PLEASE SIGN THE FOLLOWING: I realize that the above will be used as a basis for determining my pension credits, if any, and hereby declare under the penalty of perjury that the foregoing is accurate to the best of my knowledge.

DATE _____ SIGNED _____