

**PLUMBERS & PIPEFITTERS LOCAL #553
PENSION PLAN**

BENEFITS INQUIRY

Normal

Early

Late

Disability

Death

Participant: _____

SSN: _____

Date of Birth: _____

Sex: _____

Initial Date of Hire: _____

Date of Retirement / Disability / Death: _____

Estimate

Last Day of Work: _____

Address: _____

Phone: _____

Email Address: _____

Spouse: _____

SSN: _____

Beneficiary (if not spouse): _____

Beneficiary's Date of Birth: _____

Address (if different from above): _____

Any known Qualified Domestic Relations Order? Yes No

Signature of Applicant: _____

Date: _____