

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION
PENSION PLAN FOR EMPLOYEES

Eligible Employee - - Non-Participant Information Form

Name	Last	First	MI	S E X	<input type="checkbox"/> Female <input type="checkbox"/> Male
Employing Body	Local No.	DC/UNION NO.	International	Date of Hire	M/D/Y
Date of Birth	M/D/Y	Soc. Sec. No. or Soc. Ins. No. - -		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married

If Married, Provide Spouse Information Requested Below:

Name	Last	First	MI	S E X	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth	M/D/Y	Soc. Sec. No. or Soc. Ins. No. - -		Date of Marriage	M/D/Y

I have been advised of my immediate right to Participate in the UFCW Pension Plan for Employees and at this time choose **not** to avail myself of this program. I understand, that should I choose to Participate in the Plan at a later date I have the right to do so. **I am also aware that I cannot receive Benefit Service Credit for any period prior to the date I Participate.**

Employee's Signature _____ Date Signed _____ 20__

FOR PLAN USE ONLY	Received / /	Returned / /	Effective / /	E.D.P. / /
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Return ALL Copies to the Executive Committee
UFCW Benefits Office
1775 K Street, N.W. Washington, D.C. 20006