

**ANNUAL STATEMENT 2024**

PLEASE READ ENCLOSED INSTRUCTIONS (THIS FORM DOES NOT REQUIRES YES/NO ANSWERS)

**SECTION A: MUST BE COMPLETED BY THE PENSION RECIPIENT (including widows, beneficiaries and ex-spouse's collecting under a QDRO) OR COMPLETED ON THEIR BEHALF BY AN APPROVED POWER OF ATTORNEY OR GUARDIAN:**

Name: \_\_\_\_\_ Social Security or ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this a CHANGE OF ADDRESS?  YES  NO Email: \_\_\_\_\_

**FOR THE FOLLOWING 3 STATEMENTS, PLEASE CHECK ONLY THE STATEMENTS YOU AGREE WITH. IF YOU DO NOT AGREE WITH ANY OF THE 3 STATEMENTS, PLEASE COMPLETE THE APPLICABLE PART IN SECTION B.**

- 1.  AGREE I AGREE that I have received all my monthly pension payments (by check or direct deposit) for 2023 from the Laborers' Pension Fund.
- 2.  AGREE I AGREE that I have not authorized anyone to handle my financial affairs through Power of Attorney or Guardianship nor have I had anyone endorse my pension check.
- 3.  AGREE I AGREE that I am not engaging in work regularly performed by building trades craftsmen or any other work which is or may be under the Laborers' District Council of Chicago and Vicinity AND If I am on Disability Pension from the Laborers' Pension Fund, I AGREE that I am not working in ANY job.

**SECTION B: ONLY COMPLETE IF YOU COULD NOT AGREE TO ANY OF THE ABOVE STATEMENTS:**

If you do NOT AGREE with **statement 1**, list the month(s) that you did not receive a check or direct deposit: \_\_\_\_\_

If you do NOT AGREE with **statement 2**, check **one** of the following (**COMPLETE ONLY IF YOU DO NOT SIGN YOUR CHECKS**)

- \_\_\_\_\_ I have a Power of Attorney or Guardian who handles my affairs. These documents have been submitted and approved by the Fund Office.
- \_\_\_\_\_ I have a Power of Attorney or Guardian who handles my affairs. These documents have not been submitted and approved by the Fund Office. I am now enclosing these papers for review (please attach).
- \_\_\_\_\_ I do not have direct deposit and I do not sign my pension checks. I have someone who signs my pension checks on my behalf, but I have not obtained Power of Attorney or Guardianship papers.

If you do NOT AGREE with **statement 3**, please review the enclosed Summary About Kinds of Work Not Allowed After Retirement (Disqualifying Employment). Then check **one** of the following (**COMPLETE ONLY IF YOU WORK IN THE CONSTRUCTION INDUSTRY OR WORK WHILE COLLECTING A DISABILITY PENSION FROM THE LABORERS' PENSION FUND**)

- \_\_\_\_\_ I have reviewed the enclosed Summary and declare that my work is not Disqualifying.
- \_\_\_\_\_ I have reviewed the enclosed Summary and declare that my work is considered Disqualifying.
- \_\_\_\_\_ I am working (in any job) while receiving a Disability Pension from the Laborers' Pension Fund.

**SECTION C: MUST BE SIGNED BEFORE A NOTARY PUBLIC:**

Signature (or approved mark) of pension recipient: \_\_\_\_\_ Date: \_\_\_\_\_

The above signed, \_\_\_\_\_, known to be the person who executed the forgoing and acknowledged the same, personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

(Seal & Signature)

Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_