ANNUAL STATEMENT OF EMPLOYMENT BY PENSIONER

(Who is age 70½ or older)

If you have coverage in the Pensioners & Surviving Spouses Health Fund and you are over age 70 ½, you must complete, sign and return this form **no later than April 23, 2026.**

SECTION 1—PARTICIPANT INFORMATION

_____ XXX-XX_____

Participant Name

Participant Social Security Number (Provide only last four numbers)

_____

Street Address

_____ _____

City, State, ZIP Code

Phone Number and/or Email Address

SECTION 2—PARTICIPANT CERTIFICATION

By signing in Section 3 below, I certify to the Board of Trustees under penalty of perjury that (check one):

☐ I **HAVE NOT** engaged in any occupation or employment in 2025 or 2026 or, if applicable, I DID NOT engage in any employment after my retirement in 2025 or 2026.

☐ I **HAVE** engaged in an occupation or employment in 2025 or 2026 or, if applicable, after my retirement date in 2025 or 2026, as listed on the attached "Employment Form".

This certification is made with the understanding that this document will be relied upon by the Board of Trustees. I understand that I am required to advise the Fund Office immediately if I engage in any occupation or employment in the future.

SECTION 3—SIGNATURE

X_____ _____

Signature of Participant *Date*

EMPLOYMENT FORM

Please complete this form if you engaged in ANY occupation or employment in 2025 or 2026 after your retirement.

Name of Pensioner: *(Please Print)*	**Social Security Number:**
	XXX-XX- *(provide only last four* **numbers***)*

Name of Employer	**Address and Location of Employment**	**Month/Year**		**Type of Work Performed**
		Started	**Ended**	