



# 1199SEIU Home Care Employees Pension Fund

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Outside NYC Area Codes: (800) 892-2557 • Westchester & Upstate Counties: (877) 557-1199

## 1199SEIU HOME CARE EMPLOYEES PENSION FUND PENSION ESTIMATE REQUEST

(THIS IS NOT AN APPLICATION)

Name of Member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Soc Sec No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Mo.) (Day) (Year)

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No: \_\_\_\_\_

1. Are you presently employed in the Home Care Industry? Yes  No
2. If planning to retire – Give date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mo.) (Day) (Year)
3. If you have already left your job, state date you left \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mo.) (Day) (Year)
4. List the name and address of all the Agencies in which you were employed in the Home Care Industry beginning with the present or last Agency first.

Name of Agency	Address of Agency	Employed From Month/Year	Employed To Month/Year

### EMPLOYMENT PRIOR TO 1987:

If your **employment began prior to 1987**, please provide copies of earnings information for years prior to 1987, (must state agency name) such as Last Pay Stub, W2 Forms etc.

Comments:

\_\_\_\_\_  
\_\_\_\_\_.

Signature: (Please sign) \_\_\_\_\_ Date: \_\_\_\_\_

Member's signature only

(THIS IS NOT AN APPLICATION FOR PENSION BENEFITS, BUT IS FOR THE PURPOSE OF PROVIDING INFORMATION ONLY)