

**DIVISION 1181 A.T.U.-NEW YORK EMPLOYEES PENSION PLAN  
101-49 WOODHAVEN BOULEVARD  
OZONE PARK, NEW YORK 11416  
(718) 845-5800**

December 2009

**ATTACHMENT B-1**  
**ANNUAL CERTIFICATION OF EMPLOYMENT STATUS**

Dear Pensioner:

This Certification of Employment Status is for you to notify the Division 1181 A.T.U.-New York Employees Pension Fund ("Fund") of your employment status after becoming a Pensioner. The Division 1181 A.T.U.-New York Employees Pension Plan requires that you notify the Fund office immediately upon reemployment after retirement.

At any time after your Benefit Commencement Date, employment that is:

- (1) Employment in the school transportation industry funded by a contract between any employer and the City of New York Board of Education, regardless of whether a contribution is required to the Fund under a collective bargaining agreement with the Union, except work as a supervisor or in a managerial position; or
- (2) Employment with the Union, the Credit Union, the Welfare Fund or this Fund for which contributions are required to the Fund under a written agreement with the Fund or a collective bargaining agreement;

"Suspendable Employment." If you are in Suspendable Employment, you must immediately notify the Fund Office and your pension payments will stop for each month you are employed for forty (40) hours or more in Suspendable Employment.

Whenever the Board of Trustees becomes aware that a Pensioner is employed in employment of the type for which benefits may be suspended and the Pensioner has not complied with the Fund's reporting requirements regarding that employment, the Board of Trustees may presume that the Pensioner has worked the number of hours in a month required to suspend benefits, unless it is unreasonable under the circumstances to do so. This presumption may be refuted, however, if contrary information is provided by the Board.

Please provide the following information regarding your employment status since the time your pension benefits began or were first payable by the Fund and return it to the Board of Trustees at the above address by **February 15, 2010**. **IF YOU DO NOT RETURN THIS FORM, THE TRUSTEES WILL PRESUME THAT YOU ARE REEMPLOYED AND WILL SUSPEND YOUR BENEFIT UNTIL YOU REFUTE THIS PRESUMPTION. FURTHER, IF YOU COMPLETE THIS FORM AND MISREPRESENT YOUR EMPLOYMENT STATUS, YOU MAY BE SUBJECT TO PENALTIES UNDER FEDERAL LAW.**

**TO BE COMPLETED AND SIGNED BY PENSIONER OR PERSON DESIGNATED TO REPRESENT THE PENSIONER:**

\_\_\_\_\_ **I am employed**

\_\_\_\_\_ **I am not employed**

\_\_\_\_\_ **The Pensioner is  
deceased**

\_\_\_\_\_ **I am receiving a  
Spouse's Benefit**

**Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

\_\_\_\_\_

**Type of Employment:** \_\_\_\_\_

**Began** \_\_\_\_\_ **Ended:** \_\_\_\_\_

**Number of Hours Employed Per Month:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Tel.#** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If your last name has changed and you did not notify the Pension Department,  
please indicate your original name on file.**

**Print Name:** \_\_\_\_\_