

TO: ILWU-PMA Pension Plan

FROM: Name \_\_\_\_\_ Local \_\_\_\_\_ Reg. No. \_\_\_\_\_

SUBJECT: ILWU-PMA Pension Plan Participant Status Report

Please review my status under provisions of the ILWU-PMA Pension Plan in relation to the following additional information:

- I request credit for additional hours because of an absence due to industrial illness or injury for which I received compensation under workers' compensation or a third party suit settlement. Compensation information is enclosed for the following payroll year(s): \_\_\_\_\_.
- I request credit for a period of absence due to service in the United States Armed Services. Military Service papers showing dates of entry into and discharge from the military are enclosed for the following payroll year(s): \_\_\_\_\_.
- I request credit for additional hours which have already been granted to me by my Joint Port Labor Relations Committee (for payroll years beginning with 1973) for industrial disability absences (up to 100 hours per year) or for non-industrial disability absences (up to 100 hours per year). JPLRC verification of hours granted to me is enclosed for the following payroll years: \_\_\_\_\_.

Other corrections requested:

- Please recheck payroll year(s) \_\_\_\_\_.  
I worked in the following ports during such years \_\_\_\_\_.
- My birthdate as shown on the Participant Status Report is incorrect. Verification of my correct birthdate (a birth certificate) is enclosed.
- My Social Security Number as shown on the Participant Status Report is incorrect. My correct Social Security Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail to: ILWU-PMA Pension Plan  
1188 Franklin Street – Suite 300  
San Francisco, CA 94109**