

Alaska Electrical Pension Plan

701 E Tudor, Suite 200

Anchorage, AK 99503

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www.aetf.com

**POST-RETIREMENT SERVICE
DETERMINATION REQUEST FORM**

First Name

Initial

Last Name

Social Security Number

Phone Number

EMPLOYMENT INFORMATION:

Prospective Employer

Position / Title

Industry of Prospective Employer

Will you be scheduled to work more than 40
hours a month?

Location of Jobsite

Contact at Prospective Employer (Please
provide phone number)

Describe the core responsibilities of the prospective employment:

Will you have any supervisory responsibility? _____

If so, list the Positions / Titles supervised: _____

WORK HISTORY:

As part of the Post-Retirement Service determination, it is important to note the core skills and job knowledge gained in positions you worked in while you earned a benefit under the Plan. Please list the positions held and a brief description of the type of work performed while earning a benefit under the Plan:

PLEASE SIGN AND SUBMIT THIS FORM TOGETHER WITH A COPY OF THE JOB DESCRIPTION FROM THE PROSPECTIVE EMPLOYER

IMPORTANT NOTICE:

I understand that the information I have provided will be used by the Plan to make a determination about my eligibility to receive retirement benefits. I hereby attest that the information I have provided is true and correct to the best of my knowledge. I understand that if this information is false and I receive benefits to which I am not entitled under the terms of the Plan, that I may be required to reimburse the Plan for such benefits, plus interest. I acknowledge that any future benefits may be offset to recover these amounts.

Retiree Signature

Date

Print Name