



DAIRY INDUSTRY

UNION PENSION PLAN FOR PHILADELPHIA AND VICINITY

P.O. Box 99 • COLLINGSWOOD, NJ 08108

WORK RECORD CARD - DAIRY

NAME: _____ LOCAL UNION #: _____
FIRST M.I. LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: CHECK ONE M F

ADDRESS: _____
CITY STATE ZIP

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

SPOUSE'S NAME: _____ SPOUSE'S DATE OF BIRTH: _____

DATE OF MARRIAGE: _____ SPOUSE'S SOCIAL SECURITY #: _____

PHONE #: HOME _____ CELL _____

EMAIL: _____

WOULD YOU LIKE TO OPT IN TO RECEIVE EMAILS FROM THE FUND OFFICE? YES OR NO (CIRCLE ONE)

CURRENT EMPLOYER: _____ HIRE DATE: _____

PLEASE LIST BELOW ALL COMPANIES IN THE DAIRY INDUSTRY UNION PENSION PLAN FOR WHOM YOU HAVE WORKED. BEGIN WITH THE FIRST COMPANY AND CONTINUE WITH THE NAMES OF EACH COMPANY UP TO YOUR PRESENT COMPANY. GIVE THE DATES OF EMPLOYMENT TO THE BEST OF YOUR KNOWLEDGE. CHECK THE BLOCK TO SHOW IF YOU WORKED AS A UNION OR A NON-UNION EMPLOYEE. IF YOU WORKED AS BOTH A UNION AND A NON-UNION EMPLOYEE, LIST THE COMPANY FOR EACH PERIOD OF SERVICE AND SHOW THE DATES AND WHETHER IT WAS UNION OR NON-UNION SERVICE. IF YOU NEED ADDITIONAL SPACE, USE THE BACK OF THIS FORM.

<u>COMPANY NAME</u>	<u>FROM</u> MONTH-DAY-YR	<u>TO</u> MONTH-DAY-YR	<u>REASON NO</u> <u>LONGER</u> <u>EMPLOYED</u>	<u>UNION</u>	<u>NON-</u> <u>UNION</u>

DAIRY.ASP-BENEFITS.COM

MAIN (856) 382-2492 • TOLL-FREE (833) 925-5585 • FAX (856) 382-2401