



Central Pension Fund of the International Union  
of Operating Engineers and Participating Employers  
4115 Chesapeake Street, N.W., Washington DC 20016  
Tel: (202) 362-1000 Fax: (202) 364-2913

## Authorization Form

I, \_\_\_\_\_ SSN# \_\_\_\_\_ hereby authorize \_\_\_\_\_ to furnish to the Administrator of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers and its Counsel, information concerning my employment, in order to assist in the determination of my eligibility to receive payment of benefits. Specifically, I authorize the release of payroll information indicating the number of hours which I worked or for which I received wages for each month during the period \_\_\_\_\_ through \_\_\_\_\_.

---

**Signature**

---

**Date**