



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