



## MISSING HOURS/CONTRIBUTIONS SUBMISSION FORM

Please complete this form as completely as possible and mail it directly to the Central Pension Fund with all supporting documents (address on page 2). **Please sign and date on page 2.**

Participant Name:		Last four of Social Security Number:	
		CPF ID:	
Address:		Date of Birth:	
City:	State:	Zip:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:		Preferred Phone:	

**Instructions:** Please provide the following information for any missing hours or contributions. Copies of all Payroll Stubs, W-2 form, and/or statement of earnings from Social Security Administration (SSA) for the time(s) in question must be included for each date-range you believe to be “missing”. Complete one employer section for each employer location. You may copy this form to report additional employers with missing hours/contributions.

Log-in to download Social Security Statements here: <https://www.ssa.gov/myaccount/statement.html>.

Employer:		Location:		
Address:		Local:		
City, State, Zip:		Job Classification:		
Date or Date Range If you provide pay stubs, please list date ranges covered by each pay stub.	# of Hours	Proof of Hours (check appropriate box as proof for each row)		
Sample: 5/1/2024-5/15/2024	Hours: 72	Pay Stub	W-2	SSA
Date or Date Range	Hours:	Pay Stub	W-2	SSA
Date or Date Range	Hours:	Pay Stub	W-2	SSA
Date or Date Range	Hours:	Pay Stub	W-2	SSA
Employer:		Location:		
Address:		Local:		
City, State, Zip:		Job Classification:		
Date or Date Range If you provide pay stubs, please list date ranges covered by each pay stub.	# of Hours	Proof of Hours (check appropriate box as proof for each row)		
Date or Date Range	Hours:	Pay Stub	W-2	SSA
Date or Date Range	Hours:	Pay Stub	W-2	SSA
Date or Date Range	Hours:	Pay Stub	W-2	SSA
Date or Date Range	Hours:	Pay Stub	W-2	SSA

Employer:	Location:		
Address:	Local:		
City, State, Zip:	Job Classification:		
Date or Date Range If you provide pay stubs, please list date ranges covered by each pay stub.	# of Hours	Proof of Hours (check appropriate box as proof for each row)	
Date or Date Range	Hours:	Pay Stub	W-2 SSA
Date or Date Range	Hours:	Pay Stub	W-2 SSA
Date or Date Range	Hours:	Pay Stub	W-2 SSA
Date or Date Range	Hours:	Pay Stub	W-2 SSA

**Checklist before mailing to the Central Pension Fund:**

- I have included Employer address, location and the IUOE Local jurisdiction.      Yes
- I have included job classification.      Yes
- I have included dates or date ranges.      Yes
- I have included proof of payment for the missing hour(s).      Yes

*(CPF cannot process missing hours requests without proof)*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this completed form and supporting documentation to:

Central Pension Fund - Missing Hours  
4115 Chesapeake Street, NW  
Washington DC 20016