



REQUEST FOR RULING ON EMPLOYMENT

This form is used to request a determination as to whether planned employment is disqualifying and will affect your ability to continue collecting your benefits. This form must be completed in its entirety. **If you are age 70 ½ or older you do not need to submit this form.**

Instructions:

1. If you are already receiving a benefit, please complete the Participant Information and New Employer Information Sections (**page 1 only**). Sign, date, and attach a copy of the job description on the employer's letterhead and return this form to CPF by mail or fax number listed above.
2. If you are not receiving a benefit, please complete the entire form (**pages 1 and 2**) which includes Participant Information, New Employer Information, and Last Contributing Employer Information sections. Sign, date, and attach a copy of the job description and return this form by mail or fax.

Participant Information :

Name : _____ Participant ID : _____
Last Name First Name MI
Last 4 digits SSN: _____ Daytime phone number: _____
Email address: _____

New Employer Information:

Name of Employer: _____
Employer Address: _____
Employer's Phone Number: _____ Ext. _____
Projected/Date of Hire: _____ Hours of work per month: _____
Date of termination (if applicable): _____
Describe Type of Business (if machine shop/manufacturer, etc., describe product produced or repaired): _____

Job Title/Classification: _____
Type of Business _____
Describe your duties in each job: (Please be specific and include the tools or machines with which you worked) _____

Signature: _____ Date: _____



REQUEST FOR RULING ON EMPLOYMENT (Continued)

If you want to return to work and are requesting a ruling on planned employment, please complete this entire section. Attach a copy of the job description for your last contributing employer.

Last Contributing Employer Information:

Name of Employer: _____

Physical Location: _____

Type of Business: _____

All Covered Job Title(s)/Classification(s): _____

Describe your duties in each job: (Please be specific and include the tools or machines with which you worked): _____

Signature: _____

Date: _____