



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 70½ or older, you do not need to submit this form.**

Instructions:

Please complete the entire form (pages 1 and 2) which includes the Participation Information, New Employer Information, and Last Contributing Employer Information sections. Sign, date, and attach a copy of the job description and return this by mail or fax.

Participant Information:

Name: _____ Participant ID: _____
Last Name First Name

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: _____