



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	# of Hours	Proof of Hours		
If you provide pay stubs, please list date ranges covered by each pay stub.		(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	# of Hours	Proof of Hours		
If you provide pay stubs, please list date ranges covered by each pay stub.		(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
1125 17th St NW, Suite 500
Washington DC 20036-4724