

# Northern California Plasterers Trust Funds

Health and Welfare Trust Fund, Pension Plan, and Plasterers Supplemental Pension Trust

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## NORTHERN CALIFORNIA PLASTERING INDUSTRY PENSION PLAN RETURN TO WORK FORM

**If you are retired and in pay status, or are applying for retirement benefits, under the Northern California Plastering Industry Pension Plan and want to return to work in the Plastering Industry, you must complete this Return-to-Work Form and return it to the Administration Office before you begin re-employment.**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

**If you are retired, or are applying for retirement benefits, and intend to return to work in the Plastering Industry, please provide the following information:**

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of the  
Work to be Performed: \_\_\_\_\_

Expected Length of Employment: \_\_\_\_\_

*I have completed this Return-to-Work Form to the best of my ability. I am currently retired and in pay status, or applying for retirement benefits, under the Northern California Plastering Industry Pension Plan and intend to return to work within the Plastering Industry. I understand I must notify the Administration Office of any change in address, or any change or termination of employment status. I agree to be bound by all Plan rules and Regulations.*

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

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

**Employer must submit job duties on Employer letterhead with Return-to-Work Form**

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### FOR ADMINISTRATION OFFICE USE ONLY

After due consideration, the proposed work has been:

approved  denied by the Board of Trustees at the meeting held on \_\_\_\_\_  
Date