

*Western States Office and Professional Employees
Pension Fund*

**CLAIM FOR CREDIT FOR HOURS FOR WHICH
CONTRIBUTIONS WERE NOT MADE**

If you are entitled to credit for hours for which you have not been paid or are paid by another party (such as for disability benefits), you should complete the form below and send it immediately to the Administrator's Office at the address listed below.

Name: _____ SSN: _____

Address: _____
Street

City State Zip Code

Phone #: _____ Email: _____

Name of last participating employer _____

TO THE BOARD OF TRUSTEES:

I hereby apply for credit for hours for which no contributions were made for the following:

HOURS CLAIMED

From _____ to _____ Reason: _____
mm/dd/yyyy mm/dd/yyyy

From _____ to _____ Reason: _____
mm/dd/yyyy mm/dd/yyyy

Employee Signature

Date

Further information may be given on the reverse side of this form or by letter.

Administered by A&I Benefit Plan Administrators, Inc.
1220 SW Morrison St. Suite 300, Portland OR 97205-2222
(503) 222-7694 (800) 413-4928 Fax (503) 228-0149
<http://wsp.aibpa.com>