

*Western States Office and Professional Employees
Pension Fund*

NOTICE OF CHANGE IN EMPLOYMENT STATUS

If you are no longer in covered employment due to a transfer to a supervisory position or to a non-covered position with the same contributing employer, you should complete this application for Change in Employment Status and send it immediately to the Administrator's Office at the address listed below.

Name: _____ SSN: _____

Address: _____
Street

City State Zip

Phone Number Email Address

EMPLOYER: _____

DATE OF CHANGE: _____ NEW POSITION: _____

On the above date I was transferred **to** an exempt position transferred **from** an exempt position with my employer. It is my understanding that prior to receiving benefits from the Plan; I may have to present documentation proving the time employed in exempt positions.

Employee Signature

Date

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>