

Information Required to Process an Eligibility Determination Request

For IPD Use Only

| | |
|---------------|-----------------|
| Received on: | ___ / ___ / ___ |
| Processed by: | _____ |
| DOH + 1yr: | ___ / ___ / ___ |
| Date of Entry | ___ / ___ / ___ |

Instructions: Please fill out all information to ensure faster processing of the information.

1 Plan Information. Fill in information about your pension plan.

| | | |
|-------------------|--------------|-----------------|
| Pension Plan Name | Company Name | Company Address |
| | | |

2 Employee Information. Fill in information to test if the employee is eligible.

| | | |
|---------------------------|--------------------------------|---|
| Employee Name | Date of Birth: ___ / ___ / ___ | Employee Address |
| | Date of Hire: ___ / ___ / ___ | |
| Home Telephone: () _____ | Social Security Number: _____ | Work Amount: _____ Part Time _____ Full Time |

3 Signature Approval. Sign below to process this employee eligibility request.

| | |
|---------------------------|-------------|
| _____ | _____ |
| <i>Participant</i> | <i>Date</i> |
| _____ | _____ |
| <i>Plan Administrator</i> | <i>Date</i> |