

FOX VALLEY & VICINITY LABORERS' PENSION FUND
2371 Bowes Road, Suite 500, Elgin IL 60123-5523
847-742-0900 • TOLL FREE 866-828-0900 • FAX 847-742-3440

RETURN TO WORK PACKET

NOTICE TO INTERESTED PARTIES REGARDING SUSPENSION OF BENEFITS.

The Department of Labor issued final regulations regarding the suspension of benefits to a retiree if a retiree returns to certain employment while receiving a pension benefit from the Plan. Your Pension Plan must comply with these regulations.

The following is a summary of these regulations in a question and answer format.

WHEN WILL A RETIREE'S BENEFIT BE SUSPENDED?

Once you retire and begin to receive a monthly pension benefit, your monthly benefit will be suspended if you engage in "Disqualifying Employment." Your monthly pension benefit will be suspended one month for each month in which you work 40 or more hours in "Disqualifying Employment." "Disqualifying Employment" is employment in the same Industry, Trade or Craft, and Geographic Area. All paid time shall be considered toward the 40 hours, even if the compensation is for vacation, illness or other incapacity.

"Industry" is defined as the construction industry or any other industry in which employees covered by the Plan had been employed when the participant's pension began.

"Trade or Craft" is defined as a job or occupation in which you use the same skill or skills that you used while in employment under the Plan.

"Geographic Area" is defined as the State of Illinois and/or any other area covered by the Plan when the retiree's pension began. "Geographic Area" also includes any area covered by a reciprocal agreement with the Plan.

Please note that a benefit may be suspended regardless of the employer, if the retiree works in Disqualifying Employment. This means that even if a retiree returns to work for a non-contributing employer, or is self-employed, the pension benefit is subject to the suspension rules.

CAN A RETIREE FIND OUT IN ADVANCE WHETHER OR NOT A BENEFIT WILL BE SUSPENDED?

Before returning to work, a retiree may request an Advance Determination from the Administrative Office as to whether or not a benefit will be suspended. This request must be made on an "Advance Determination of Effect of Employment" form (see attached). A written determination will be sent to you.

WHAT ARE THE RETIREE'S OBLIGATIONS?

A retiree is required to notify the Administrative Office within 30 days after returning to work, including self-employment, regardless of the employer or the number of hours worked.

- A retiree may submit an "Advanced Determination of Effect of Employment" form (see attached) before returning to work.
- A retiree must submit a "Return to Work Form" form (see attached) within 30 days after returning to work.
- Failure to notify the Administrative Office within 30 days after returning to work may result in a suspension of your monthly pension benefit. If the retiree fails to notify the Administrative Office that they returned to work and it is discovered that the retiree is so employed, it will be assumed that the retiree worked at least 40 hours in Disqualifying Employment and their monthly pension benefit will be suspended. The benefit will be resumed when the retiree submits a "Resumption of Benefit" form (see attached) to the Administrative Office.

IF A BENEFIT IS SUSPENDED, WHEN WILL IT BE RESUMED?

If a retiree's benefit is suspended, it will **not** be resumed until you notify the Administrative Office in writing that you have stopped working in Disqualifying Employment, (or are working less than 40 hours a month). A "Resumption of Benefit" form must be completed (see attached). Pension payment will be resumed no later than the first day of the third month after the form is received in the Administrative Office.

WHAT IF I ALREADY RECEIVED A PENSION BENEFIT FOR A MONTH THAT I WORKED 40 HOURS OR MORE IN DISQUALIFYING EMPLOYMENT?

If a retiree fails to notify the Administrative Office about the return to work and the Fund pays a benefit for any month when it should have been suspended, the retiree is liable to the Fund for the overpayment. Overpayment will be recovered by the Fund by reducing future benefits to the retiree until the overpayment has been recovered. Up to 100% of the first pension benefit check, when resumed, may be applied to the overpayment. Thereafter, up to 25% of each pension benefit check may be applied toward reducing the overpayment until it is fully recovered.

WHAT IF A RETIREE DISAGREES WITH THE DECISION TO SUSPEND A BENEFIT?

If a retiree believes that their benefit was suspended in error or any resumption of benefit was improperly reduced to recover a prior overpayment, they may request that the Trustees review the decision in accordance with the Appeal Procedures (see attached).

WHO CAN I CONTACT FOR FURTHER INFORMATION ABOUT SUSPENSION OF BENEFITS?

Contact the Administrative Office regarding these rules or any other question you may have regarding your Pension Plan at 1-847-742-0900.

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ADVANCED DETERMINATION OF EFFECT OF EMPLOYMENT FORM

INSTRUCTIONS: Under your Pension Plan, a retiree may request an opinion before returning to work as to whether or not a pension benefit will be suspended upon returning to work.

Please Complete Each Item

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

JOB DESCRIPTION: _____

JOB DUTIES: _____

Please attach a copy of the job description from the employer (this is required).

Number of hours you will be working each month. (Check one)

- Under 10 26-39 hours
 11-25 hours Over 40 hours

Participant's Signature: _____

.....
Administrative Office use only:

Approved Denied Completed By: _____ Date: _____

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RETURN TO WORK FORM

Instructions: A retiree is required to notify the Administrative Office within 30 days upon returning to work, regardless of the number of hours worked or place of employment. Failure to notify the Administrative Office may result in a suspension of your pension payment.

Please Complete Each Item

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

JOB DESCRIPTION: _____

JOB DUTIES: _____

DATE WORK WILL BEGIN: _____

Please attach a copy of the job description from the employer (this is required).

Number of hours you will be working per month. (Check one)

- Under 10 26-39
 11-25 40 or more

Participant's Signature: _____

.....
Administrative Office use only:
 Approved Denied Completed By: _____ Date: _____

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RESUMPTION OF BENEFIT FORM

INSTRUCTIONS: Under the rules of your Pension Plan, a retiree whose benefit has been suspended must notify the Administrative Office upon stopping working (or working less than 40 hours a month) before a pension payment may be resumed.

Please Complete Each Item

1. Name: _____
2. Address: _____
3. Social Security No.: _____
4. Name of Employer: _____
5. Job Description: _____
6. Working less than 40 hours per month Stopped Working
7. Date: _____

Participant's Signature: _____

After this information has been confirmed by the Administrative Office, your monthly benefit payment will be resumed.

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Administrative Office use only:
 Approved Denied Completed By: _____ Date: _____

Month Benefit will Resume: _____